



**MEDIA RELEASE AGREEMENT 2018-2019**

I understand that the Greek School Staff might take videos and/or pictures of students during regular classes, and on special school events and parties. I understand that these pictures might be used to advertise the Greek School Program through Holy Trinity's Greek Orthodox Church website and/or Facebook page, emails, brochures, and/or slides. Please note: your child's name will not be included with your child's picture unless prior authorization is given. I hereby grant/do not grant (circle one) permission for the Greek School to take videos and/or pictures of my child(ren) for advertisement purposes.

Parent/Legal Guardian Name: (Printed) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date: \_\_\_\_\_

**FOOD AND SNACK PERMISSION AGREEMENT 2018-2019**

I hereby give permission to the Greek School Staff to give snacks/food during Greek School class and school parties/events, and I have listed any food allergies.

- Child's name \_\_\_\_\_ Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list allergies: \_\_\_\_\_
- Child's name \_\_\_\_\_ Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list allergies: \_\_\_\_\_
- Child's name \_\_\_\_\_ Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list allergies: \_\_\_\_\_
- Child's name \_\_\_\_\_ Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list allergies: \_\_\_\_\_

By signing this document, I agree to the Food and Snack Permission Agreement as stated above, and give permission to the Holy Trinity Greek School staff to obtain emergency services if my child becomes seriously ill or suffers an accident and the parent cannot be reached.

Parent/Legal Guardian Name: (Printed) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date: \_\_\_\_\_