

**St. Ignatius Parish & School  
Permission Form:**

**Website Photographic Display of an Adult and/or a Minor**

---

I hereby give St. Ignatius Parish and School permission to use:

\_\_\_\_\_ a photograph(s) of MYSELF, AN ADULT, and/or

\_\_\_\_\_ a photograph(s) of the MINOR(S)—person under the age of 18—listed below

on the St. Ignatius Parish and/or School web site. I understand that there will be no identifying information (e.g., name, age, etc.) about the **minor** on the web site.

This permission will be in effect unless revoked by written notice to St. Ignatius Parish, 3400 SE 43<sup>rd</sup> Ave, Portland, OR 97206. Thank you!

**For Use of an ADULT'S Photograph(s):**

Adult: (print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**For Use of a MINOR'S Photograph(s):**

Parent/Guardian: (print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Name of minor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO HELP US SERVE YOUR NEEDS BETTER PLEASE ANSWER THE FOLLOWING QUESTIONS. (REMEMBER THIS IS CONFIDENTIAL)  
 ARE YOU A REGISTERED PARISONER OF ST. IGNATIUS? YES \_\_\_ NO \_\_\_ AS A FAMILY DO YOU REGULARLY ATTEND MASS YES \_\_\_ NO \_\_\_  
 PLEASE CHECK WHICH MASS YOU WILL ATTEND MOST. SAT 5:00 PM \_\_\_ SUN 8:00 AM \_\_\_ 10:30 AM \_\_\_ 7:30 PM \_\_\_

**THE FOLLOWING INFORMATION NEEDS TO BE COMPLETED FOR EACH CHILD.**

*Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention.*

CHILD'S NAME	DATE OF LAST TETANUS IMMUNIZATION OR BOOSER	ALLERGIES (FOOD, DRUGS, INSECTS, ETC)	PRESENTLY ON MEDICATIONS? YES/NO	IF SO, STATE NAME, DOSAGE, REASON FOR DRUG & PRESCRIPTION PHYSICIAN

*In case of illness, accident or emergency to the student(s) named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below. Thoroughly complete the following information and number each item 1,2,3, etc.... In the order of desired action you wish us to take.*

- \_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- \_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- \_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- \_\_\_ Contact family physician (if possible): \_\_\_\_\_ Phone Number: \_\_\_\_\_
- \_\_\_ Take student to nearest emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Name of Medical Insurance company \_\_\_\_\_
- Insured Name and Group or ID Numbers \_\_\_\_\_

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation. I also hereby authorize the use of any pictures taken of my child/ren participating in parish activities in St. Ignatius of Loyola parish publications (i.e. faith formation programs, parish bulletin, newsletter, Jesuit publications).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

DATE RECEIVED: _____	DATE ENTERED: _____
ENTERED BY: _____	PARISH REGISTRATION #: _____
NOT REGISTERED: _____	COMMENTS: _____