

Concordia Learning Center at St. Joseph’s School for the Blind
761 Summit Avenue
Jersey City, NJ 07307

PARENTAL/GUARDIAN AUTHORIZATION

St. Joseph’s School for the Blind provides your child with a variety of services and experiences intended to enhance his/her educational program. Please sign below to indicate you have been informed of these services and, when indicated, that you consent to your child’s participation.

I. AUTHORIZATION FOR CONSULTATION

The school contracts with consultants whose expertise enhances our educational programming. Consultants evaluate and/or work directly with our students and staff. Consultants may include Pediatricians, Pediatric Ophthalmologists, Audiologists, Nutritionists and other professionals.

I hereby give permission for consultants serving St. Joseph’s School for the Blind to evaluate and/or work with my child.

Parent’s/Guardian’s Signature

Date

II. SPECIAL ACTIVITIES INFORMATION

The school incorporates the following special activities in its educational and residential program:

YES	NO	
_____	_____	Community field trips
_____	_____	Swimming activities in our on-site heated swimming pool
_____	_____	Instruction in hygiene, including tooth brushing, bathing, and grooming
_____	_____	Use of photographic and recording devices, both audio and video, to develop evaluative data

Your signature indicates an understanding that the school incorporates these activities in programming.

Parent’s/Guardian’s Signature

Date

III. AUTHORIZATION FOR PUBLICITY CONSENT AND RELEASE

St. Joseph’s School for the Blind sometimes participates in informational and educational publicity activities. Please read the “**Authorization for Publicity**” statement below and **sign if such permission is granted.**

Permission is hereby given to St. Joseph’s School for the Blind to take photographs, motion pictures, video type or live television pictures, or otherwise record, preserve, reproduce, or depict the activities, voice, and likeness my child and to use any and all of the same for publication, including television release and theater viewing, without compensation to said person, or to the undersigned on his/her behalf, or individually.

Parent’s/Guardian’s Signature

Date