

Bác Sĩ (Primary Doctor): _____ **Điện Thoại (Phone):** _____

Địa Chỉ (Address): _____

Những chi tiết liên quan đến tình trạng sức khỏe của em (*List any special needs that your child may have*)

PHÉP QUAY PHIM/CHỤP HÌNH (VIDEO/PHOTOGRAPHY CONSENT)



Là Phụ Huynh/Giám Hộ, tôi hiểu được nhu cầu quảng bá hình ảnh và truyền hình (cá nhân và tập thể), nên nhà trường sẽ cần chụp ảnh con tôi trong năm học. Tôi cho phép quý trường dùng những hình ảnh của con tôi để làm tài liệu quảng bá trường trong thư của trường (trên mạng, lịch học, powerpoint, truyền hình, etc.)

As Parent/Guardian, I understand that promotional pictures and videos (individual and group) will be taken during this school year. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the school.

Parent's name (Print name): _____

Parent's Signature: _____ **Date:** _____
dd/mm/yyyy

Pledge: I, the parent of _____, freely choose for my child to join the Vietnamese Program (Việt Ngữ La San) at Nguyễn Đường La San – De La Salle Educational Center. I, on behalf of my child, my heirs, assigns, executors and personal representatives, release, hold harmless and discharge forever the Roman Catholic Church, the Archdiocese of Galveston-Houston, the La Salle Sisters, their staffs and their officers, leaders, chaperons, sponsors, agents, promoters, and affiliates from any and all liability, claim, loss, damage, cost or expenses and waive any claims against any such person or organization arising directly or indirectly from and attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and services relating to these events. I will be responsible for all the medical costs related to my child. In case of emergency, I give the permission to any hospital or to any physician selected by the chaperon to render medical treatment deemed necessary and appropriate. Any resulting hospital, medical or related costs and expenses will be paid by the medical insurance or benefit plan of mine or my spouse. I also agree with the above pledge of my child.

Parent's name (Print name): _____

Parent's Signature: _____ **Date:** _____
dd/mm/yyyy