

NYC Irish Gaeltacht Ltd,  
St. Barnabas High School,  
425 E 240th St,  
Bronx,  
NY 10470,  
USA



## Student and Parent Agreement

I give permission for my child \_\_\_\_\_ to be taken to hospital in case of emergency, and consent to emergency treatment until the time of my arrival at hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.

### Photo Release:

I grant permission to use images of my child taken at the course for promotional purposes. I grant permission for my son/daughter to visit the local park for activities accompanied by other students and staff.

### Student Declaration:

I agree to abide by the school rules of St. Barnabas High School and NYC Irish Gaeltacht Ltd, and follow the wilful instruction of staff member's.

Signature of Parent

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date     /     /