

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

### Consent Information 2019-2020

#### Medication

My child has permission to take TYLENOL for minor aches and pains. \_\_\_yes \_\_\_no

My child has permission to take ADVIL for minor aches and pains. \_\_\_yes \_\_\_no

Usual dosage \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

\_\_\_\_\_  
If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Corporal Punishment

Does the school have your permission to use corporal punishment on your child?

\_\_\_ yes                      \_\_\_ no                      \_\_\_yes, please call first  
Preferred phone number \_\_\_\_\_

If permission is to be withheld, please indicate in writing.

#### Additional

Your student may be videotaped in classroom activities to enhance instruction and learning. \_\_\_\_\_Initials

Your student's image may be streamed and rebroadcast. This pertains to posting student work, displaying their picture for birthday, posting student/classroom activities on school website, school facebook, or use in distance learning classroom. Classes from our school and other schools are connected at the same time and can see images that originate from our location.

\_\_\_\_\_Initials

Your student may go on instructional field trips that are supervised by the school. \_\_\_\_\_Initials

I understand that the school periodically applies pesticides indoors and that information on the application of pesticides is available upon request.

\_\_\_\_\_Initials

#### Surveys

General-Throughout the year your students may be asked to participate in voluntary and confidential surveys. A copy of the survey will be on file in the counselor's office and may be viewed at any time. \_\_\_\_\_Initials

Specialized-One of the surveys contains questions about drugs, alcohol, and gang violence. We need separate permission for this survey. \_\_\_\_\_Initials

Parental signature indicates your permission has been granted for those items you have initialed.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_