

School-Related Student Trip Permission Slip and Medical Release Form

Student's Name _____		
Last Name	First Name	Middle Initial
School _____	Grade _____	Homeroom/Classroom _____
<input type="checkbox"/> All School-Related Trips for the _____ school year; OR <input type="checkbox"/> Field Trip Date (s) _____ Destination _____		
Alternate Destination, if applicable _____		
Mode of Transportation _____ Cost to Student, if applicable \$ _____		

I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other person designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/ Guardian's Signature

Date

Publication Consent Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL

Dear Parent/ Guardian;

At some time during the school year, school/ District personnel or other District authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund raising purposes.

This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's web site and in school yearbooks.

Please review this form carefully, sign and date the form and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/ preferences by notifying the principal in writing of your request.

As the parent (s) guardian(s) of _____, I/ we give the

Student's Name

_____ School District permission to release my/ our child's name, photograph, work,

District's Name

and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/ Guardian(s) (Please print) _____

Parent/ Guardian's Signature

Date

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.