

PARENTAL CONSENT FORM

Student _____ Grade _____ (Parents should complete one set for each child in school)

Medication Consent

Specific medications have been approved for use with students as needed during the school day if parent/guardian consent is on file. These medications are available for use by designated school staff, and include Acetaminophen or Ibuprofen, Bacitracin, or Neosporin, Bactine, Hydrogen Peroxide and Dacrose. I realize these medications will be administered by non-medical personnel.

I/We **DO DO NOT** (circle one) consent to the use of the above medication as covered under the Medical Consent.

Signature _____ Date _____

Consent for Health Screening

As part of the health awareness/illness prevention focus of the school, we may, during the course of the school year, participate in various health screenings. The screenings are offered as an additional health service and are not intended to take the place of those services provided by the family's health care provider. Specific screening may involve volunteers and/or other health care professionals including college/university faculty and/or their supervised students. **(CHECK THOSE FOR WHICH YOU GIVE CONSENT)**

For Grades	<input type="checkbox"/> Vision (PK-8)	<input type="checkbox"/> Hearing (PK-2 & new)	<input type="checkbox"/> Dental (PK-8)	<input type="checkbox"/> Scoliosis (4-8)
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I/We **DO DO NOT** (circle one) consent for my/our child to participate in the screenings noted above, **AS INDICATED BY A CHECK MARK**. I understand that I will be notified of screenings in advance.

Signature _____ Date _____

CONSENT FOR PICTURES

I/We **DO DO NOT** (circle one) consent to have my/our child photographed/videotaped for publicity purposes while participating in general school activities.

Signature _____ Date _____

*Please see Photography Policy for additional details.

Universal Trip Consent

I/We **DO DO NOT** (circle one) consent for my child to be transported in connection with extra classroom activities conducted by the School. It is understood that classes, under teacher/parent/volunteer supervision, may travel by foot, in private vehicles (one child per seat belt) or by chartered bus. Parents will be notified in advance of all trips.

Signature _____ Date _____