

Student \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Does your child have a medical condition the school should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

Check all that apply: My child has:

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Seizure disorder \_\_\_\_\_

Diabetes \_\_\_\_\_ Other-be specific \_\_\_\_\_

If any allergies are life threatening, please describe.

\_\_\_\_\_

Is an epi-pen ordered by your physician? Yes \_\_\_\_\_ No \_\_\_\_\_

My child takes the following medication(s): \_\_\_\_\_

If your child requires medication during the school day and/or has a medical condition that might require emergency treatment (such as inhalers, epi-pens, glucagon, diastat), you must have a Medication Consent form completed by you and your physician on or before the first day of school. The form is available from the school nurse or the school office.

Any additional concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>PARENT/GUARDIAN SIGNATURE</b> _____ <b>DATE</b> _____
--

**PARENT PERMISSION TO USE STUDENT PICTURE/VIDEO/NAMES**

Picture/videos will be taken of the children at various times during the year. Some of these pictures will be used in school projects such as class books, art projects, and for the newspaper. We would like your permission to use your child's picture/video/name in these activities.

I give my permission for my child's picture/video/name to be included in school project.

<b>PARENT/GUARDIAN SIGNATURE</b> _____ <b>DATE</b> _____
--

**PERMISSION FOR FIELD TRIPS AND EMERGENCY TREATMENT**

During the school year, your son/daughter will be eligible to participate in school sponsored activities requiring transportation to a location away from the school building. These activities will take place under the guidance and supervision of employees of the Rio Community School District. A note will be sent home each time to inform you of the date, time, and place to be visited.

**HOLD HARMLESS CLAUSE**

I/We waive any damages and will hold the Rio Community School District, their agents and employees, harmless from any damages or liabilities arising in any action or proceeding brought by ourselves or on behalf of our son/daughter or by a third party relating to acts of our son/daughter based upon any and all acts and events occurring from the trip.

I hereby consent to participation by my child in school sponsored field trips. I understand that these events take place away from the school grounds with the mode of transportation by bus or car/van and that my child will be under the supervision of a School District employee.

<b>PARENT/GUARDIAN SIGNATURE</b> _____ <b>DATE</b> _____
--