



Permission and Release Form

Parent, please read each box, complete where necessary, and initial the small box in each section above to acknowledge your consent. Any box not initialed signifies no parental permission/consent. The permission/release remains valid until revoked in writing. Sign and date on reverse.

Field Trip Permission

Your child will be bringing home individual permission slips as field trips are planned throughout the year, but please fill out this blanket permission form in case the individual form is lost or forgotten.

My child(ren) has/have my permission to go on any and all field trips with his/her class during the school year.

Photo Release

I hereby give St. Scholastica H.S.C. Academy and those acting with its authority, right and permission to reproduce, copyright, publish, circulate and/or otherwise use any school picture of my child(ren) produced by St. Scholastica H.S.C. Academy. I also understand that the school may be mentioned by name and I fully understand that this is a complete release of all claims against St. Scholastica H.S.C. Academy or any other person, firm, or corporation by reason of any such use of school pictures.

Liability Release

I, the undersigned parent, will not hold St. Scholastica H.S.C. Academy, nor the staff in any way responsible for injuries my child(ren) may incur while they are enrolled in St. Scholastica H.S.C. Academy. I have been informed and understand that I will be financially responsible for any and all expenses that my result because of an injury to my child(ren).

Permission to Transfer

Should an emergency arise in which my child will need to be transported to a local hospital, I give my consent for the transport to take place. If I am not able to be reached, I give my consent for my child to be medically and/or surgically treated by medical professionals to whatever extent is necessary to the wellbeing of my child.

Permission to Administer OTC Medication

There are times when a child may need over the counter medication. We are able to administer the following medications. **Please check the medication that we are able to give to your child.** In most cases, generic brands will be given.

- | | | | | |
|---|---|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Children's Acetaminophen | <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Excedrin | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Burn Relief |
| <input type="checkbox"/> Children's Ibuprofen | <input type="checkbox"/> Contact Cold and Flu | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Tums | <input type="checkbox"/> Eye Drops |
| <input type="checkbox"/> Robitussin Cough | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Hydrogen Peroxide | | |

If it becomes necessary for my child to take an OTC medication during the school day, I give my permission for a staff member to administer any of the above marked medications to my child. I understand that this permission release is good until I submit in writing a request for it to be revoked. This release is for all my children listed on this form. (Note exceptions on reverse.)

Driving Students

I give permission for my child _____ to drive to and from school. We agree to abide by the requirements listed in the handbook under "Student driver regulations". The following students will be regular riders with my child. _____

Attached is a copy of my child's driver's license and our automobile insurance policy.

Child(ren) covered by the Permission and Release Form

Notes regarding OTC medications:

Parent Signature:

Date:

Parent Signature:

Date:

Yearly Confirmation/Update:	
Date:	Parent Initials
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____