

# El Paso-Gridley Community Unit School District #11

## Program Participation and Release Form

School Year \_\_\_\_\_

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

Grade \_\_\_\_\_

Following are statements that require your reading and signature. Please check either YES, NO, or N/A for each statement.

YES NO

- \_\_\_ \_\_\_ 1. **Student Handbook:** The student handbook will be distributed during the first ten days of school. I intend to become acquainted with its contents. It is my responsibility to read and review this handbook with my child.
- \_\_\_ \_\_\_ 2. **Release of Basic Student Registration-Medical Information:** If your child is a regular bus rider or if your child rides a bus for field trips, it is sometimes necessary to have basic information such as addresses, parent/guardian information, phone numbers, and emergency number so parents/guardians can be contacted if medical attention is needed. It may also be necessary to share confidential health information with the school staff that has responsibility for the student when in school or participating in school activities. The information shared with staff will be what is minimally necessary to ensure the health and well being of the student. I/We give my permission for release of confidential health information as may be deemed necessary for my child.
- \_\_\_ \_\_\_ 3. **Emergency Medical Treatment:** The principal or designated representative of my child's school is authorized to secure medical care and automobile or ambulance transport to BroMenn Healthcare or St. Joseph Medical Center Hospital or the nearest hospital facility when I/We cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of statement.
- \_\_\_ \_\_\_ 4. **Photo Release:** The district may allow coverage of activities and events. I/We give permission for our child's picture/video and/or names to be used in positive informational news coverage and educational purposes. However, I do understand that the district website will NOT display a student picture along with a name to identify the picture.
- \_\_\_ \_\_\_ 5. **Field Trips:** Classes take field trips, community based walks, and in-district trips as part of the curriculum. I/We give permission for our child to leave school grounds for these activities.
- \_\_\_ \_\_\_ 6. **Student Award/Honor Information:** The district may announce listings of students receiving award and honors. I/We give permission for our child's name to be released for the purpose of identifying students who excel.
- \_\_\_ \_\_\_ 7. **Surveys:** Anonymous surveys of students (i.e., students are not asked to put their names on the survey form) are sometimes given to analyze students' opinions, attitude, or behavior (e.g., opinions about school programs and services, drug/alcohol use, etc.). I/We give permission for my son/daughter to participate in such anonymous surveys.
- \_\_\_ \_\_\_ 8. **Internet Use:** I understand that internet access is designed for educational purposes and the district has taken precautions to eliminate controversial material and internet users. I intend to read the authorization for Internet access in the student handbook. I hereby request that my child be allowed access to the district's internet.

YES NO N/A

- \_\_\_ \_\_\_ \_\_\_ 9. **Athletic Code:** I have received the athletic code, as part of our student handbook, and intend to become acquainted with its contents. It is my responsibility to read and review this material with my child so that he/she understands the eligibility requirements to participate in a school activity.
- \_\_\_ \_\_\_ \_\_\_ 10. **Student Parking:** I understand that if my son/daughter chooses to park on school property, that my vehicle may be searched, including personal effects therein (Board Policy No. 710.03)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Your signature gives permission for all of the statements above which were not preceded by a "NO" or "N/A".

**Grades 7-12: Extracurricular Participant Eligibility Random Drug Testing-Student/Parent Consent Form on back side.**