

DMS Registration and Permission / Consent Form 2019-20

Student Full Name: _____ **Date of Birth:** _____ **Grade:** _____

Parent/Guardian Name: _____

Emergency Medical or Dental Treatment (check one)

I authorize the principal or his/her designee to transport and seek emergency medical or dental treatment when the need for such treatment is immediate and when efforts to contact me are unsuccessful. This authorization shall remain effective for the full school year and school related summer activities unless revoked in writing and delivered to the Dodgeville School District. I understand that the Dodgeville School District, its employees and its Board of Directors assume no liability of any nature in relationship to the transportation or treatment of the said minor. I further understand that all costs of EMS transportation, hospitalization, examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.

I do NOT authorize or consent to emergency medical or dental treatment for my child. Please relate the procedure to follow if the child has problems, until the parent can be contacted:

➤ **Parent/Guardian Signature:** _____ **Date:** _____

Medical Information

Family Physician/Clinic: _____ **Phone Number:** _____

Emergency Release Information

In the event that school is dismissed early, or students are held later, my child will:

Follow his/her regular dismissal plan

Have and Alternate Weather Emergency Dismissal Plan

If your child's dismissal plan for a weather emergency differs from his/her normal routine, please state plan:

My child may be release to the following person(s) in case of emergency situations noted above (list all that apply). _____

Electronic Information & Communications System Use

I have been directed to read the Electronic Information & Communications System Use Policy or the full District Policy 363.2 which can be accessed on the district's website at <https://go.boarddocs.com/wi/dsd/Board.nsf/Public#> under Policies, and have been provided access to a copy of the policy.

I DO give permission for my child to use the Internet/Network for education purposes at school.

I DO NOT give permission for my child to use the Internet/Network for education purposes at school.

Please comment on your objection: _____

➤ **Parent/Guardian Signature:** _____ **Date:** _____

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*** CHECK ITEMS BELOW IF YOU (DO NOT) GIVE PERMISSION**

*** Consent of using Student First and Last Name**

The Dodgeville School District and/or the individual schools within the Dodgeville School System may desire to print information concerning your child in school or district newsletters, yearbooks, websites or press releases. Information printed may include child's first and last name, the school they attend, and recognition (such as Honor Roll or other events/competitions).

_____ Check here **ONLY if you DO NOT** consent to having the Dodgeville Schools publish your child's first and last name, and school attending.

*** Permission for Photo/Videotaping/Website/Facebook**

At various times during the school year videotapes and photographs of school activities are produced for use in school and community publications

_____ Check here **ONLY if you DO NOT** give permission for your son/daughter to be photographed/videotaped and or have pictures on the Dodgeville School District Website/Facebook pages.

*** Permission for Field Trips**

Occasionally, students participate in school sponsored activities which will take them off school grounds. Examples of such trips include; observing parades; community service projects; participating in school programs at other in-district school. Note: Other school activities that would take your son/daughter out of the school district will be communicated via a separate permission/information note.

_____ Check here **ONLY if you DO NOT** give permission for your son/daughter to participate in the above mentioned field trips.

DMS Newsletter Survey

The monthly DMS Newsletter will be posted to the DMS page of the Dodgeville School District Website. Each month when the newsletter is posted, an email notification will be sent through Infinite Campus that the newsletter is available online for your viewing (including a link to the web page where the newsletter is located).

We are aware that not everyone has access to the internet or has internet service capable to download the newsletter.

Please select one:

_____ I would like to receive a printed copy of the monthly newsletter mailed home.

_____ I am able to access the newsletter online and will not need a printed copy. Please share with your DMS student.

➤ Parent/Guardian Signature: _____ Date: _____