

# Registration and Permission/Consent Form

Student Full Name:

Date of Birth:

Grade:

Parent/Guardian Name

## **Permission for Medical Treatment**

There might be an occasion that a student is hurt at school or school activity to such an extent medical treatment is required. In such cases of injury it is our policy to contact the parents as soon as possible. However, it may be impossible to reach parents when treatment is necessary. Medical personnel will not treat an injured minor without parental permission. In the event your child is injured at school or a school activity and you cannot be contacted, please indicate below whether you grant or deny permission for the school to arrange transportation to a medical facility and for medical personnel to treat the injury.

I DO give permission

I DO NOT give permission

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

Date: \_\_\_\_\_

## **Medical Information**

Family Physician:

Phone Number:

Name of Family Insurance Company:

## **Birth Place Information (required by state)**

Birth Country:

Birth City:

Birth State: Birth

County:

## **Home Language (required by state)**

English

Spanish

Other

## **Electronic Information & Communications System Use**

I have read the Dodgeville School District's Electronic Information & Communications System Use Policy EHAB, which can be accessed on the district's website [www.dodgevilleschools.org](http://www.dodgevilleschools.org) under Board docs, and have been provided with a copy of the policy.

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

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

Please comment on your objection:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:** I understand the provisions of using the Internet/Network in the Dodgeville School District. I also understand that a violation of these guidelines will result in a loss of access to the Internet/Network in addition to other disciplinary or legal actions

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **School Newsletter**

The monthly R.E.S. Newsletter will be posted to the school's website, and each month an Email notification will be sent through Infinite Campus when the newsletter is available (including a link to the website). If you would like to have a printed copy of the newsletter sent home with your child, please indicate below (if checked, one copy will be sent home per family).

- I would like a printed copy of the newsletter
- I am able to access the newsletter online and will not need a printed copy

## **\*Permission for Photo/Videotaping**

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

- I give permission for my son/daughter to be photographed and/or videotaped.
- I do not give permission for my son/daughter to be photographed and/or videotaped

## **\*Permission for Photos on Website**

At various times during the school year student photographs may be displayed on our district Facebook page/website. (Student names will not be used.)

- I give permission for my son/daughter's photographs to be displayed on the district Facebook page/website.
- I do not give permission for my son/daughter's photographs to be displayed on the district Facebook page/website.

## **\*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 schools. Note: Other school activities that would take your son/daughter out of the school district will be communicated via a separate parent permission/information note.

- I give permission for my son/daughter to participate in the above mentioned field trips.
- I do not give permission for my son/daughter to participate in the above mentioned field trips.

\* Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Family Information**

Please list the name(s) and age(s) of all children in your family.

## **Emergency Release Information**

We're asking for your help in the event we must dismiss school early, or hold the students at school later due to an emergency situation (i.e. weather). Please fill out the form below and discuss your plan with your child. We will follow the procedure outlined on your form for your child. Thank you for your help. If you have any questions please call us at 935-3307.

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

- Follow his/her regular dismissal plan       Have an Alternative Weather Emergency Dismissal Plan.

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

My child may be released to the following persons in case of emergency (list all that apply):

**I acknowledge the above information is accurate.**

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_