Allen Consolidated Schools

Parental Permission Form (2019-20)

Student Name _	Grad	e
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Please Initial Each Blank You Give Permission

<u>Field Trip</u>

_____ Yes, my child has permission to go on school sponsored trips and activities outside of the classroom if within Allen city limits.

Cough Drops

Yes, I give my permission for my child to take cough drops at school.

<u>Acetaminophen (Tylenol)</u>

Yes, I give my permission for my child to take acetaminophen at school as recommended for age/weight.

Ibuprofen

Yes, I give my permission for my child to take ibuprofen at school as recommended for age/weight.

Antibiotic Ointment

_____Yes, I give my permission for my child to have antibiotic ointment if they are injured.

Hydrocortisone/Benadryl Cream

Yes, I give my permission for my child to have Hydrocortisone/Benadryl Cream for minor skin irritations.

Antacid (Tums)

_____ Yes, I give my permission for my child to take Tums at school as recommended for age.

Hearing Screenings

_____Yes, I give permission for my child to have hearing screenings at school.

Puberty Movie (4th Grade Girls Only/5th & 6th Grade Boys and Girls)

Yes, I give my permission for my child to view the puberty movie presented by the school nurse.

<u>Internet</u>

Yes, I give permission for my child to have access to electronic communication known as the Internet and agree to abide by the school board policies and procedures outlining this access, as defined in the student handbook.

<u>Media Release</u>

_____ Yes, I give my permission for my child to be photographed, videotaped, and/or audio taped for school related purposes and activities. I also give permission for my child to be named, shown or pictured in the newspaper, on the radio or television in school related features. My child has permission to appear in school related public appearances.

Parent Signature _____