

PARENT/GUARDIAN PERMISSION SHEET

Student's Name: _____

Student ID: _____

I GIVE MY PERMISSION AND CONSENT TO THE QUINCY PUBLIC SCHOOLS FOR THE STUDENT:

Yes / No (1) To participate in field trips taken by his/her class throughout the school year, including educational-related and recreational-related trips (for example, trips to public parks and swimming pools).

Yes / No (2) To have photographs, videotapes or audiotapes of my son/daughter and/or me to be used for news releases and training personnel.

Yes / No (3) To have photographs, videotapes or audiotapes of my son/daughter and/or me to be displayed by my student's school and/or PTA, the QPS District, the QPS Foundation, and/or the QPS Alumni on their respective social media platforms and/or websites.

Yes / No (4) To have the following screenings: a) speech, b) vision, c) hearing, d) social-emotional.

Yes / No (5) To be provided professional medical emergency treatment in the event of accident, injury and/or illness.

Yes / No (6) To be assessed for accelerated programs and/or advanced and/or honors coursework, if deemed necessary.

Yes / No (7) To participate in support groups if necessary.

Yes / No (8) To be administered emergency undesignated medications (Narca, Albuterol, or Epi-pen) in an event of an emergency per district standing orders.

*A "NO" RESPONSE MEANS YOU ARE NOT CONSENTING OR ALLOWING THE STUDENT TO PARTICIPATE. IF YOU INDICATED "NO" PLEASE ADDRESS ANY OF THE QUESTIONS OR CONCERNS YOU HAVE TO THE BUILDING PRINCIPAL OR ADMINSTRATOR.

I HAVE/WILL BECOME FAMILIAR WITH THE POLICIES/PROCEDURES OF MY STUDENT'S SCHOOL AND WILL READ AND DISCUSS THE CONTENTS OF THE MY CHILD'S SCHOOL HANDBOOK/STUDENT PLANNER.

Parent/Guardian Signature _____

Date: _____