STUDENT FIELD TRIP PERMISSION

Throughout the year, your child will participate in activities and field trips.
This "blanket form" will cover **ALL** field trips during the academic year. You will be notified of each field trip by your child's teacher and parents will always have the option to decline participation on an individual basis.

I give permission for my child to attend field trips and/or activities outside of the school building.

Parent/Guardian Signature:

_____

BUS PASSENGER CONDUCT

One of the concerns of the school district is the safety & well-being of the children while they are loading, unloading, and riding the bus. These behavior guidelines & consequences are strictly enforced as outlined in the document at:
http://menomonie.ss7.sharpschool.com/common/pages/DisplayFile.aspx?itemid=6365744
We realize that all students may not ride the bus, however at some point school related activities will require bus transportation. I have read and discussed with my child the guidelines & consequences.

Parent/Guardian Signature:

_____

HARASSMENT/BULLYING OF STUDENTS

One of the concerns of the school district is the health & safety of our students. You will find the district's policy related to harassment/bullying of student at:

http://www.msd.k12.wi.us/common/pages/DisplayFile.aspx?itemid=9451776

Please sign below to signify that you have read and discussed these guidelines with your child & that they understand the expectations.

Parent/Guardian Signature:

_____

SCHOOL MEDIA RELEASE

I give permission for my student's name, work and photos to be in the following:

PLEASE CIRCLE YES OR NO BELOW

Public use such as newspaper, social media (i.e. Twitter) and other media. **YES or NO**

Local/district use, such as yearbooks, photographs, sports rosters & programs or articles where students' directory information is identified. **YES or NO**

Parent/Guardian Signature:

_____

VIDEO/AUDIO- STUDENT TEACHER

Your student may have a "student teacher" in their classroom this year. To become a teacher in Wisconsin, the student teacher must show they are ready to teach by: Planning lessons, teaching & video/audio recording lessons & grading student work. Some of this will be shared with trained reviewers outside the school. It may also be used to train other student teachers and staff.

PLEASE CIRCLE YES or NO BELOW.

I give permission to include my student in audio/video recordings. **YES or NO**

Parent/Guardian Signature:

_____

SCHOOL SUPPLIED NON-PRESCRIPTION

Name of Student: _____
D.O.B. _____ Grade_____
The following health care items can be utilized and administered to my child. Please **X** yes or no.

YES	NO		YES	NO	
___	___	Isopropyl alcohol	___	___	Burn gel
___	___	Benadryl	___	___	Eye Wash
___	___	Neosporin	___	___	Sting eez
___	___	Caladryl	___	___	Sunblock
___	___	Cough drops	___	___	Vaseline
___	___	Orajel	___	___	Visine
___	___	First Aid Cream	___	___	Peroxide
___	___	First Aid Spray			
___	___	Hydrocortisone Cream			

Parent/Guardian Signature:

_____

❑ I acknowledge that copies of the referenced policies were available on Orientation Day at my child's school or I am able to access them online.