

Woodland Community Consolidated School District #50
Parent/Guardian Permission Form

This form remains in effect for the students' duration at Woodland until rescinded by the student's parents.

STUDENT NAME: _____ **SCHOOL:** _____ **GRADE:** _____

Required: Student Permission Questions

I give permission for my child to participate in all school sponsored field trips during the current school year. I understand I will receive specific information prior to each field trip.

Yes

No

In the event of an emergency at school or a school related event, including field trips, or in the event that I cannot be contacted, I authorize and grant permission to School District 50 staff to provide such first aid, medical or emergency care/treatment to my child as they deem necessary, including but not limited to taking my child to the nearest hospital or health care facility, and providing or authorizing the provision of such first aid, medical or emergency care/treatments the attending medical service provider(s) deems necessary for my child's well-being.

Yes

No

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

Woodland School District #50 provides student accident insurance for medical and/or dental injuries for students injured only in accidents on school premises and during sponsored and supervised activities. Additional applications for optional 24-hour medical and dental student accident insurance coverage are available to the parent and/or legal guardians upon request

Optional: Student Image Opt-Out

Photos, digital images or videos of a student participating in school or school-sponsored activities may be released to the public for informational or news-related purposes without consent from the student's parents. This includes student photos/digital images in school publications, such as the school yearbook, newspaper, or website or social media.

If you do **NOT** want your child's photos/digital images released to the public for these reasons, please complete the following information below as an electronic acknowledgement or submit a printed copy to your child's school.

This form notifies Woodland School District 50 of a parent/guardian request to **DENY** use of their child's images for use in electronic and/or print informational materials and tools.

Terms of Agreement

- I understand that the District is only able to protect image access to my child during school hours and during "closed" after-hours events.
- I understand that District 50 is not responsible for images of my child taken during events open to the public by individuals and/or organizations (such as a local newspaper) that may then appear in print or electronic materials.
- I understand that if my child participates in events/performances/activities that occur in a public setting (a concert at a local mall, a play performance), photographs/video may be taken of the group as a whole - or of the audience -- and removing my child's images from this group/audience is not practical. No names will be used without the express permission of a parent/guardian.
- I understand that students may still be visible as background images in photos/videos that feature other elements of their school or classmates. Efforts will be made to ensure your child is not identifiable by their image.

By signing this form, I acknowledge I do NOT want my child's photos/digital images in school publications such as the school yearbook, newspaper, or website or social media.

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