



2019-2020 General Release Form

Student's Name _____ Date of Birth: _____

Field Trip Release: I give permission for my child to accompany his/her class on field trips and other "going out" activities. This includes permission for my child to be transported to and from a field trip by a member of the SHDS staff or a volunteer driver.

Medical Release: In case of emergency, I give my permission to my child's pediatrician or family doctor and/or his/her associates to treat my child in my absence. If the pediatrician, family MD, or associates cannot be reached, I give my permission to have my child transported to a local hospital or urgent care center to receive emergency medical treatment. (Hospital Preference _____)

Doctor: _____ Phone _____

Use the space below to list and describe any **special medical circumstances** (allergies, physical challenges, etc.)

Emergency Release: In the case that SHDS must transport my child to safeguard him/her from a perceived threat to his/her safety and well being (i.e. fire, bomb threat, power outage) during school hours, I give permission for members of the staff and administration to take necessary steps to convey my child to a safe location with the understanding that I will be notified as soon as possible thereafter.

Publicity Release (Check One):

SHDS **has** my permission to use photos/videos taken of my child for publicity releases, Facebook, SHDS website, advertisements and/or publications for the promotion of the school and its programs.

Please **do not** use photos/videos of my child for promotion of the school and its programs.

Parent #1 Name:	Parent #2 Name:
Employer	Employer
Work Phone	Work Phone
Home Phone	Home Phone
Cell Phone	Cell Phone
E-Mail	E-Mail

Yes, you can publish my information in the SHDS School Student Directory for parents only.

****If there is specific information you wish to have omitted from the directory please indicate below:**

If neither parent can be reached, whom may we call?

Name	Relationship to Child
Address	Phone Number(s)

Parent/Guardian Signature _____ Date: _____