Student Name: _____ **School:** _____

Teacher Name: _____ **Entering Grade:** _____

HEALTH CONSENT

I hereby give consent for my minor child to receive necessary health services from the designated Health personnel or other designated District personnel in our schools when he/she becomes ill or injured during the school day. I understand that treatment by District or Health personnel is limited to first aid care for injuries occurring at school, illness, or health screens in conjunction with the Marion County Health Department and the administration of previously authorized medication. I understand that injuries incurred elsewhere, other than at school, must be cared for at home or by a personal health care provider.

I hereby give permission for the above information to be shared with appropriate staff and emergency personnel in a confidential manner under the provisions of the Family Education Rights and Privacy Act (FERPA). I understand that FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

I hereby authorize the MSD of Washington Township to release my child's immunization record to the Indiana State Department of Health's Children and Hoosier Immunization Registry Program (CHIRP). I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my eligible child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

_____ _____ _____/_____/_____

Name of Parent/Guardian *Signature* *Today's Date (Month/Day/Year)*

TRANSPORTATION AND FIELD TRIP PERMISSIONS

YES	NO	
☐	☐	**I have discussed the bus rules with my child. I understand that violations of the rules will result in disciplinary consequences.**
☐	☐	**I give permission for my child to participate on field trips for this school year. I understand the information supplied and agree to inform the classroom teacher in the event that my child is <u>NOT</u> to participate in a specific field trip.**

_____ _____ _____/_____/_____

Name of Parent/Guardian *Signature* *Today's Date (Month/Day/Year)*