

State Guidelines:

PART 1: PERMISSION TO GRANT CONSENT:

I give my Springs East School permission to transport my child, _____

- 1) To (hospital or clinic) _____ for emergency medical care.
- 2) To (dentist or clinic) _____ for emergency dental care, or to the nearest available source of assistance.
- 3) To and from Springs East School for reasons such as heat loss, field trips and other special events.
- 4) To or from the Public School, in the event your child misses their Kindergarten bus.

PART 2: REFUSAL TO GRANT CONSENT:

I do not give my Springs East School permission to transport my child, _____ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action be taken.

(supply information)

SIGNATURE OF PARENT _____

ROSTER PERMISSION:

_____ I grant permission to have my child's name included in the school roster.

_____ I do not wish my child's name included in the school roster.

SIGNATURE OF PARENT _____

VERIFY THAT YOU HAVE READ DISCIPLINE POLICY:

Located in the Handbook.

_____ I have read the "DISCIPLINE POLICY" located in the Handbook.

SIGNATURE OF PARENT _____