

**Avon Community Unit School District #176
2011 – 2012 Authorization Form**

Student Name: _____

Grade: _____

Local Field Trips

initial if agree

I hereby give my permission for the above student to accompany his/her teacher and class to walk or ride a school bus to a site within 2 miles of the school. I understand that this/these mini field trips will take place during regular school hours. Notification regarding each trip will be given to parents at least 1 day prior to the trip.

Medical Treatment

initial if agree

I hereby give my permission for the school nurse or designated agent of the school to administer first aide to my child, listed above, in the event of minor injuries. This may include: 1) peroxide, saline, or cleansing towelettes – cleaning agents, 2) triple antibiotic ointment – abrasions/cuts, and 3) first aide cream or spray – sunburn, poison ivy, insect bites.

Emergency Medical Treatment

initial if agree

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary.

Physician

Office Phone Number

Hospital/ER

Phone Number

Media

initial if agree

I hereby give my permission for Avon C.U.S.D. #176 to use electronically or otherwise reproduced copies of my student's school work in any print or electronic media for the purpose of informing the public as to the educational opportunities available or activities occurring at Avon C.U.S.D. #176.

I also give my permission for my student's picture to be displayed in any print or electronic media for the same purpose.

I understand that no identifying information other than grade and class will be used in any article that might include my student. However, the Avon Sentinel does include the student's name under the photo.

Student Demographics

initial if agree

All the information given for the above student is correct.

Date _____ Signature _____