BHS Permissions Form

STUDEN	ΓNAME:	
Agree	Disagree	
		FIELD TRIP PERMISSION Permission is hereby granted for my child to take field trips at any time during school hours in the company of his or her teacher in connection with schoolwork. The teacher and supervisors will exercise all reasonable caution to protect my child from any injury.
		PHOTOGRAPH / VIDEOTAPE PERMISSION During the school year, students may be photographed or videotaped during classroom activities or programs for use in the newsletter, yearbooks, or local newspaper. In order to be certain that we do not infringe on the privacy of your child, we ask that you please check the appropriate box.
		LIBRARY PERMISSION My child has permission to access any materials available in the school media centers, inluding materials labeled as "Limited Access" by the Reconsideration Committee. ** There are no limited access books or materials at the elementary or middle schools.
		VERIFICATION OF HANDBOOK I verify that I have reviewed the contents of the Student Handbook, including the Attendance Policy and Cell Phone Use Policy. Handbook can be viewed on the Barron High School website or hard copies are available in the school office.
		DIRECTORY DATA RELEASE FORM ESEA, also known as "No Child Left Behind," requires principals and other educators to comply with federal mandates. Section 9528 of ESEA requires that schools provide access to students and student directory data to military and other "institutes of higher education." I agree to have my child's information released.
		ENVIRONMENTAL DAY PERMISSION My child has permission to particiate in Environmental/Community Service Day in May.
		HEALTH SERVICES STANDING ORDERS I have read the BASD Health Services Standing Orders and hereby give permission for these over-the-counter products to be used as needed for my child.
		ACETAMINOPHEN AND IBUPROFEN ADMINISTRATION CONSENT I consent for my child to have the following over the counter medications per package instructions for their age and weight as needed for mild pain. Check all that apply: Acetaminophen
		Ibuprofen I DO NOT consent for my child to have Acetaminophen or Ibuprofen as school.
		Parent Signature Student Signature