

Allen Consolidated Schools
Parental Permission Form (2022-23)

Student Name _____ **Grade** _____

Please Initial Each Blank You Give Permission

Field Trip

_____ Yes, my child has permission to go on school sponsored trips and activities outside of the classroom if within Allen city limits.

Cough Drops

_____ Yes, I give my permission for my child to take cough drops at school.

Acetaminophen (Tylenol)

_____ Yes, I give my permission for my child to take acetaminophen at school as recommended for age/weight.

Ibuprofen

_____ Yes, I give my permission for my child to take ibuprofen at school as recommended for age/weight.

Antibiotic Ointment

_____ Yes, I give my permission for my child to have antibiotic ointment if they are injured.

Hydrocortisone/Benadryl Cream

_____ Yes, I give my permission for my child to have Hydrocortisone/Benadryl Cream for minor skin irritations.

Antacid (Tums)

_____ Yes, I give my permission for my child to take Tums at school as recommended for age.

Hearing Screenings

_____ Yes, I give permission for my child to have hearing screenings at school.

Puberty Movie (4th Grade Girls Only/5th & 6th Grade Boys and Girls)

_____ Yes, I give my permission for my child to view the puberty movie presented by the school nurse.

Internet

_____ Yes, I give permission for my child to have access to electronic communication known as the Internet and agree to abide by the school board policies and procedures outlining this access, as defined in the student handbook.

Media Release

_____ Yes, I give my permission for my child to be photographed, videotaped, and/or audio taped for school related purposes and activities. I also give permission for my child to be named, shown, or pictured in the newspaper, on the radio or television in school related features. My child has permission to appear in school related public appearances.

Parent Signature _____

Date _____