



Since 1983

SWAN SCHOOL

Creative Independent Education

2017-2018 FIELD TRIP PERMISSION

Swan School has my (our) permission to take:

(Student's First Name)

(Student's Last Name)

on field trips as authorized by the school. These trips include experiential and service learning opportunities such as the annual UGN Day of Caring event.

Signature of Parent/Legal Guardian: _____ Date: _____

2017-2018 PHOTO RELEASE

Swan School teachers and staff take photos and videos throughout the year to be used in the classroom, in the office, and to promote the school. Photos used on our website or in any promotional materials- posters, advertisements, fliers, etc. do not identify children by name or grade.

Swan School _____ **does** _____ **does not** have my (our) permission to take photographs and/or video footage of:

(Student's First Name)

(Student's Last Name)

Signature of Parent/Legal Guardian: _____ Date: _____

2017-2018 MEDICAL CONSENT & EMERGENCY INFORMATION

I (we), _____ (parent(s) or legal guardian), hereby grant permission to Swan School staff to give emergency treatment including First Aid and CPR by qualified staff members and/or seek medical attention for my (our) child, (use full legal name)

_____ in the event such a treatment is deemed necessary and I (we) am (are) unable to be contacted. I (we) understand that every effort will be made to contact me (us) before treatment is administered to my (our) child.

I (we) further consent to medical and hospital care treatment and procedures to be performed for my (our) child by my (our) child's regular physician, or when the physician cannot be reached, by a licensed physician and /or hospital when deemed immediately necessary or advisable by a physician to safeguard my (our) child's health. I (we) waive the right of consent to such treatment.

I (we) also give permission for my child to be transported by ambulance or aid car to an emergency medical care center for treatment.

Date of Last physical exam: _____

Swan School has permission to give my child the following:

___ Acetaminophen ___ Ibuprofen ___ Decongestant ___ Antihistamine

___ Throat Lozenges ___ Hydrocortisone cream ___ Other _____

Signature of Parent/Guardian: _____ Date _____