



Since 1983

# SWAN SCHOOL

*Creative Independent Education*

## 2016-2017 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: \_\_\_\_\_

## 2016-2017 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: \_\_\_\_\_

## 2016-2017 MEDICAL CONSENT & EMERGENCY INFORMATION

I (we), \_\_\_\_\_ (parent(s) or legal guardian), hereby grant permission to the Swan School staff to give emergency treatment to include First Aid and CPR by a qualified staff member to 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 \_\_\_\_\_