Helendale School District

Acknowledgement of Parent or Guardian of Specific School Activities Notification

(Please sign and return to your child's site)

STUDENT'S NAME _____ GRADE _____

1. ***Student is on a continuing medication program:*** *(Please check)* YES_____ NO_____
If YES, you have my permission to contact my physician.

PHYSICIAN'S NAME _____

Telephone _____ Medication _____

Dosage _____

******Medication cannot be administered without a Permission to Assist with Medication Form on file. ******

2. ***Medication to be administered at school***: (Please check) YES_____ NO _____
I understand that it is required to have a *Permission To Administer Medication* form on file in the office signed by the physician before any medication is allowed on campus.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

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3. The students in the Helendale School District often have outstanding achievement in the areas of academics, sports, music, club sponsored activities, etc. For these achievements we are very proud. Information and/or photographs or videos, such as, but not limited to athletics, events, music, academic awards are often requested by the media or other service publications including **class pictures** *and* **yearbook**.

Please check one of the following:

☐ **Yes**, my child's pupil information & photos may be used.

☐ **No**, my child's pupil information & photos may not be used.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Signing above is acknowledgment that you have read the above information

4. Often children experience difficulty in school due to problems in vision, hearing, speech, fine motor skills, or dental. It is important for us to be aware of any difficulties your child may have in these areas in order to work effectively with him/her.

Please check one of the following:

☐ **Yes**, my child may be screened for vision, hearing, speech, fine motor skills, or dental.

☐ **No**, do not screen my child for vision, hearing, speech, fine motor skills, or dental.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Signing above is acknowledgment that you have read the above information