

WARREN CUD#205  
PERMISSION FORM

\_\_\_\_\_  
Student's Name

PARENT/GUARDIAN SIGNATURE REQUIRED ON REVERSE SIDE EACH YEAR.

**MEDICATION**

\_\_\_\_\_ Yes, I give CUD #205 office personnel permission to administer the following medication upon my child's request:  
\_\_\_\_\_ No, I do not give permission to administer medication.

\_\_\_\_\_ Pain reliever (non-aspirin) \_\_\_\_\_ Tums \_\_\_\_\_ Other (Please list ) \_\_\_\_\_

**You will be required to fill out a "Medication Administration Form" for each prescription medication given to your child.**

Please fill out a "Medical Awareness" form if there are any medical conditions, allergies, special instructions, etc. that we should be aware of.

**FIELD TRIP PERMISSION**

\_\_\_\_\_ Yes, I give permission for my child to attend any field trip sponsored by Warren CUD#205 schools during the school year. I understand that I will receive notification regarding the date, time, fee, and location of a field trip, but my signature will no longer be necessary for each trip.

**MEDIA RELEASE**

Permission is requested to post the undersigned student's photograph or work within the school buildings, in the local media, or on the school's website (without name). Student work is defined as artwork, written work, or other work produced in conjunction with a school project, class or extra curricular activity. I understand that the information to be posted will be in accordance with the policies set forth in the CUD#205 Internet Acceptable Use Policy. It will NOT include information from my child's academic, guidance, permanent, or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted will NOT include other personal identifiable information such as my child's address, phone number, or social security number.

\_\_\_\_\_ Yes, I give permission \_\_\_\_\_ No, I do not give permission

**PESTICIDE APPLICATION**

\_\_\_\_\_ Yes, please notify me prior to pesticide applications \_\_\_\_\_ No, I do not want to be notified prior to pesticide applications

**INTERNET ACCEPTABLE USE POLICY**

As the parent or guardian of this student, I have read and understand the CUD#205 Internet Acceptable Use Policy for my child's current school access. I understand my child will be trained on correct use. It is understood that CUD#205 does have a filter in place, teachers preview web sites, and every precaution is taken to prevent access to inappropriate materials. I also recognize that it is impossible to restrict access to all controversial materials. I understand inappropriate material can present itself through no fault of anyone, and I will not hold CUD#205 responsible for exposure to such materials. If further information is required, please contact the school. After reading the Internet Acceptable Use Policy, I hereby give/do not give permission to allow my child access to the Internet for educational purposes as outlined in the policy.

\_\_\_\_\_ Yes, my child may work on a computer on the Internet with supervision. \_\_\_\_\_ No, my child may **not** work on the Internet in any setting at this time.

**FLUORIDE PROGRAM - K-6 GRADE ONLY**

\_\_\_\_\_ Yes, my child will participate in the fluoride mouth rinse program. \_\_\_\_\_ No, my child will not participate in the fluoride mouth rinse program.

**THIS FORM IS FOR YOUR INFORMATION ONLY.  
FORMS WILL BE PROVIDED FOR KINDERGARTENERS  
AND NEW STUDENTS TO OUR DISTRICT AT  
REGISTRATION.**

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Parent/Guardian Signature

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Date

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Homeroom

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Parent/Guardian Signature

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