



Combined Consent Forms 2017-2018

Please initial each item by the yes or no box.

| Picture Release : | Yes | No |
|--|------------|-----------|
| I hereby give my consent to let my child be photographed for use by the school and to potentially be used in newspaper articles, on the website, and on any other media throughout the school year. | | |
| Emergency Medical Treatment: | | |
| In the event for an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. | | |
| Off Site Activities: | | |
| The students at Capitol West Academy will participate in several educational field trips during the 2017-2018 school year. It is mandatory that we have a signed permission slip on file for each student before he / she is allowed to participate in any trip. Most field trips will be scheduled between the hours of 9:00A.M. and 2:00 P.M. If you would like for your child to participate in the educational trips this year, please sign this form indicating your permission. Your child's teacher will send further information as individual trips are planned. Thank you for your cooperation in this matter | | |
| Technology Use Policy: | | |
| I understand and will abide by the Capitol West Academy Acceptable Internet use Policy. I further understand that any violation of this Acceptable Internet use Policy is unethical and many constitute a criminal offense. Should I commit any violation, my access privileges may be revoked; district disciplinary action and / or appropriate legal action may be taken. | | |

Name of Child: _____
(Please Print)

Child Signature: _____

Parent Signature: _____

Date: _____