



General Authorization and Consent Form

2019-2020 School Year – 1 per child

Child's Name: _____ **Date of Birth:** _____

For each statement below, please initial that you have read it and, where applicable, indicate if you **do or do not** give permission to Wingra School.

_____ Field Trips: I **do / do not** authorize Wingra School to take my child on scheduled field trips or excursions away from the school as the teachers and other authorized employees of the school deem advisable and appropriate as part of the regular programming and/or in conjunction with Extended Day or other extracurricular activities. I hereby release and absolve Wingra School and any person transporting my child on such field trips or excursions from any claim that we as parents/guardians may have arising out of any injury to my child occurring during such transportation, except to the extent and amount covered by accident or liability insurance.

_____ Health or Injury: I **do / do not** authorize the teachers, employees, and authorized agents of Wingra School, in the event of apparent ill health or injury to my child, to provide, at our expense, first aid or other appropriate assistance and/or to contact a local physician in an emergency. If it is not possible for the school to contact the parent(s), emergency contact(s), or family physician, I hereby give permission for my child to be taken to the emergency room of a local hospital, and give permission for treatment to be rendered.

_____ Published Work and Images: I **do / do not** authorize Wingra School to use my child's work and/or image (including audio or video), in the School's print and digital publications including (but not limited to) the school website, official school social media sites, brochures, radio, newspapers, podcasts, newsletters, magazines, and television programming. I understand that, with the exception of work displayed in the classrooms and hallways of Wingra School, my child's last name will not be associated with their work, images, audio, or video publications, unless parental permission is received. I acknowledge that no financial remuneration is expected for these uses, and such images may be used at a later date.

_____ Family Handbook: I agree to read the **Family Handbook** and to follow the policies, procedures, and protocol described therein. While at school and in adjacent play areas outside of regular classroom hours, I will be responsible for the direct supervision of my child and follow established school rules.

_____ Exchange of Information: I authorize Wingra School Staff to exchange information about my child with each other, recognizing that the exchange of information between educators is essential.

_____ Volunteer and Chaperone Guidelines: I have read and agree to abide by the **Volunteer and Chaperone Guidelines** while serving in that role in the school, in classrooms, and on field trips.

By signing below, I acknowledge that I have read, understand, and agree to the terms above.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____