

# Lancaster City Schools – Preschool Programs

Please **READ** and then **SIGN** each form

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

## Field Trip Permission Form

Visits to places of educational interest are planned during each school year. Teachers and assistants always accompany the students and, if transportation is needed, school buses will be provided. Field trips are always announced in teacher's newsletters. Watch for specific details.

The teacher in charge will provide supervision and care which will help to insure safety for each child. Parents are encouraged to come along.

Yes, my child may go on planned field trips.

No, I do not want my child to go on planned field trips.

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## Health Screenings Consent Form

My child may participate in the following health screenings while enrolled in the Lancaster City Schools' Preschool Programs:

Hearing            yes / no            Medical Assistant

Vision            yes / no \_            Medical Assistant or Vision Specialist

I understand that upon completion of any of the above screenings, I will be informed of the results and recommendations if a referral is needed.

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## Release of Information

My child's records may be shared with other involved agencies as part of a team effort to support my child's education. Those agencies could include, but are not limited to:  
Head Start, Health Department, Family Service Organizations, etc.

Yes, I give my permission to share my child's records with other involved agencies.

No, I do not give my permission to share my child's records with other involved agencies.

## Roster Permission

### ANNUAL CLASS ROSTER:

Each year we prepare a roster for each group of children in our program.

This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

<b>My Child's name</b>	<b>yes</b>	<b>no</b>
<b>Parents/Guardians name</b>	<b>yes</b>	<b>no</b>
<b>Phone number</b>	<b>yes</b>	<b>no</b>

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## Photograph/Video Permission

Throughout our school year, individuals (teachers, parents, newspaper reporters, etc.) may be taping or taking pictures of the activities at our different locations. The pictures may be used for advertising, public awareness, and/or saving special memories. Please check yes or no and sign below.

Yes, my child **may** be photographed or videotaped.

No, my child **may not** be photographed or videotaped.

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## Student Handbook Verification

I have received and reviewed a copy of the Lancaster City School's Student Handbook with my child, including the Serious Misconduct Code.

\_\_\_\_\_ Yes

\_\_\_\_\_ NO

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_