

Student Name _____ Last _____ First _____ Grade _____



Checkout Verification Form 2018-2019

Parent /
Guardian

Printed Name _____ Daytime Phone Number _____

Parent /
Guardian

Printed Name _____ Daytime Phone Number _____

Parent /
Guardian

Printed Name _____ Daytime Phone Number _____

Please list below the names of people other than parents who may check your child out of school. If you do not list any names, your child will not be released from school if we can't contact the parent.

Printed Name _____ Daytime Phone Number _____

Printed Name _____ Daytime Phone Number _____

Printed Name _____ Daytime Phone Number _____

Each child must be officially signed in and out by signing the Log at the Front Desk.

Parent/Guardian
Name Printed

Parent/Guardian
Signature

Date

Please keep this information up-to-date by emailing the School Director or notifying the front desk.

Student
Name

Last

First

Grade

Consent to Release Photo/ Image 2018-2019



Dear Parent/Guardian:

During the current school year your child's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a demonstration project/activity in education workshops/classes/conferences
- Used as a sample project/activity on CD's created by WAAS for use in education workshops and student classrooms
- Posted on Facebook, social media, school web page, or other similar sites on the Internet
- Submitted as samples to program publishers or as contest entries to sponsors
- Appear on videos made during the instructional school day
- Videotaped to appear in a school related program to be used by a local television station or school/county project
- Used in a print publication such as a newspaper or magazine

While your child's name may accompany the photo, no last name or address will be included with your child's picture when publishing on the Internet.

There is no monetary compensation for the use of the work, but it will help our teachers, students and the school at large. Please sign the release form below and return it to the School Director. Your permission grants us approval to publicize without prior notice and remains in effect until revoked.

I/We DO give permission for student's image/photograph or work to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

I/We DO NOT give permission for student's image/photograph or work to be used as described above.

Parent/Guardian
Name Printed

Parent/Guardian
Signature

Date

Student

Name

Last

First

Grade

Emergency/Medical Permission Form 2018-2019



Does your child have any medical/health concerns of which our faculty should be made aware?

Initials Yes No

Does your child have any food allergies of which our faculty should be made aware?

Initials Yes No

Does your child have any environmental or non-food allergies of which our faculty should be made aware?

Initials Yes No

Will your child be taking any medicine during the school day?*

Initials Yes No

Does your child require any medicine(s) be kept at school?

Initials Yes No

Do we need to schedule a special meeting to create an Emergency Action Plan for your child?

Initials Yes No

If yes to any question above, please comment:

It is the parents' responsibility to immediately inform the School Director of any changes in your child's health.

*All medication must be:

- Brought to school by the parent
- Labeled with the student's name, name of the medication, dosage, mode of administration.

Student Name _____ Last _____ First _____ Grade _____

The following over-the-counter medications will be provided and administered by a WAAS staff member or authorized parent volunteer.

- The table below must be completed by the student’s **PARENT/GUARDIAN**.
- Parent initials are required next to EACH medication regardless of YES or NO status.
- Yes = Yes, my child has permission to take this medication
- No = No, my child does not have permission to take this medication

Medication Name	YES	NO	Parent/ Guardian Initials	Dosage or Special Instructions
Acetaminophen				
Ibuprofen				
Cough Syrup				
Cough Drops				
Antihistamine Claritin				
Antihistamine Benadryl				
Triple Antibiotic Ointment				
Anti-itch Cream				
Antacid Medication				
First Aid Spray or Wash				
Other :				

Initials I/We give permission to the faculty and staff of Wilmington Academy of Arts and Sciences to seek medical assistance from and/or take my student to a hospital or emergency medical clinic in case of an emergency.

Initials I/We give WAAS staff members or parent volunteers permission to administer the above over-the-counter medications as needed. I understand and agree that WAAS staff members and parent volunteers are not responsible for any ill effects that might occur from these medications.

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____

Please refer to the Student & Parent Handbook for additional policy information.