

AUTHORIZATION FORM FOR 2009-2010



NAME OF STUDENT: _____

GRADE/ROOM: _____

In an effort to conserve paper, we are consolidating some of our school forms into one document. Please initial each box and sign at the bottom of the page. If you do not authorize any or all of the boxes, please write in restrictions or simply write NO across the box.

FIELD TRIP PERMISSION

I hereby give permission for my child to participate in all the field trips organized and sponsored by Shu Ren International School during the 2009-2010 school year. Students will be transported by private cars, public transportation or on foot.

Please initial here

MEDIA AUTHORIZATION

I give the permission to Shu Ren International School to take and publish photographs, digital images and/ or videotaped images of my child for news, advertising and/ or promotional purposes in print and electronic media. I understand that I will not be compensated for any photograph or other images which may be used in this capacity.

Please initial here

PARENTS' MEDICINE CONSENT

By checking below, I authorize Shu Ren International School to give my child the following over-the-counter medicines in the manufacturer's recommended dosage:

- ___ Children's Tylenol
- ___ Tums (Antacid/regular strength)

Please initial here

Signature of Parent or Guardian

Date