

Independence Charter School
STUDENT EMERGENCY CONTACT & PARENTAL CONSENT FORM
(one form per child)

Please **PRINT** all information, except for your signature

STUDENT'S NAME _____
Last Name
First Name
GRADE

Independence Charter School (ICS) requires the consent of a student's parent/guardian for a variety of items and activities. Please carefully read each consent area and either sign (please do not print) and date to give your consent OR put an "X" through that box to not give your consent. ALL of the boxes must have either a signature and date OR an "X." This consent page will stay in effect from the date signed until/unless you complete a new ICS consent form at a later date.

We encourage parents to give consent for their phone number and/or e-mail address to be shared in order to help foster better communication among the ICS family community and to facilitate the coordination of different events.

PARENT/GUARDIAN CONSENT: Please sign & date all areas for which you are giving consent; putting an "X" in the block indicates that you do NOT give your consent for that particular item:

I give permission for ICS to obtain emergency medical care for my child named above. <i>Sign/Date</i>	I give permission for my name and phone number(s) to be listed in my child's Classroom Directory. <i>Sign/Date</i>
I give permission for ICS staff to administer minor first aid procedures to my child named above. <i>Sign/Date</i>	I give permission for my name and e-mail address(es) to be listed in my child's Classroom Directory. <i>Sign/Date</i>
I give permission for my child named above to go on walks to local parks and recreation areas and other places of interest while at ICS. <i>Sign/Date</i>	I give permission for my name and home address to be listed in my child's Classroom Directory. <i>Sign/Date</i>
I give permission for my child named above to participate in dance/movement and/or health & fitness classes as is indicated in their class schedule and during special events such as ICS Field Days. <i>Sign/Date</i>	I give permission for my name and zip code to be listed in the ICS School Directory. <i>Sign/Date</i>
I give permission for my e-mail address(es) to be added to the ICSinfo & ICScommunity listserves and other ICS-related e-mail lists that may be added throughout my child's years at Independence Charter School. <i>Sign/Date</i>	I give permission for my name and phone number(s) to be listed in the ICS School Directory. <i>Sign/Date</i>
I give permission for my child to be photographed and filmed for the purposes of capturing interesting events at ICS and during various projects and celebrations. These will not be used for commercial purposes. <i>Sign/Date</i>	I give permission for my name and e-mail address(es) to be listed in the ICS School Directory. <i>Sign/Date</i>
I give permission for my child to receive a school meal card. I understand that this card can be used for my child to purchase breakfast and/or lunch while at school. I further understand that I am responsible for paying for any meals my child purchases with this card. NOTE: Students who are eligible for FREE school meals will automatically receive a school meal card. <i>Sign/Date</i>	

The consents given on this page will stay in effect until/unless a new consent page is completed at a later date.