

**REQUIRED SIGNATURES 2019/2020**

**Student Full Name:**

**Date of Birth:**

**Age:**

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**Explanation of Consents**

**Consent for Medical Treatment**

By signing this form, I am aware that I have given my consent for my student to receive medical treatment from the School Nurse during the school day, and will be notified of any changes in my student's health status during the school day. In case of emergency, student will be transported by ambulance to the nearest medical facility if necessary.

**Records Release and/or Communication Consent**

I give permission to the staff at The Education Cooperative to request and review records regarding my student's educational and/or medical information as needed. In addition, I give consent to The Education Cooperative to obtain additional information via verbal or written communication with personnel related to my student's education and/or health issues.

**Consent Use Student Work, Photographs and Audio/Videotapes**

As needed, to further student's educational goals, TEC staff will photograph, audiotape, and/or videotape students in their educational environment. These examples of work are used internally by TEC Staff only, and are not shared with anyone outside of TEC staff, with the exception of the student's parent/guardian.

**Please indicate your consent below for sharing these examples outside of TEC staff.**

- **Permission for TEC Use:** Permission to photograph, audiotape, and/or videotape my student by school personnel to be used in TEC brochures, slideshow presentations, and website promotion. Student name will not be published.
- **Permission for Local News:** Permission to photograph, audiotape, and/or videotape my student by local news to highlight educational activities. Student name will not be published.
- **Permission for Social Media:** Permission to photograph, audiotape, and/or videotape my student by school personnel to be used on TEC administered PUBLIC social media accounts (examples include, but are not limited to Facebook, Twitter, Instagram, etc.).

**Field Trip Permission**

We, the parents/guardians, would like to give our student the opportunity to participate in the field trips, community outings/vocational experiences, and after school activities that The Education Cooperative is sponsoring and conducting for the benefit, education, and enjoyment of students in the TEC program. We realize that our student's participation in this program may involve some risk of personal injury to our student. Therefore we, on behalf of our student and ourselves, hereby release The Education Cooperative, members of its Board of Directors, its employees, agents, and contractors from any and all claims and legal actions for any personal injury to our student and for any loss to us that results from our student's participation in this program. We further agree to indemnify and hold harmless The Education Cooperation, members of its Board of Directors, its employees, agents, and contractors against any and all claims and legal actions for any personal injury to our student and loss to us and any other person and for any personal injury to other persons and damage to other persons property that results from our student's participation in this program. We give permission for our student to be transported in a TEC or private vehicle operated by the TEC staff as needed to any and all destinations regarding the activities described in the first paragraph. We release The Education Cooperative, members of its Board of Directors, its employees, agents, and contractors from any and all liability, damages, claims, and judgments, of every kind and nature arising out of, or in any way relating to, any injury or death, or for property damage, occurring during, or on account of transportation of our student by the transporting party regarding the/these school activity(ies). We hereby grant The Education Cooperative, its employees, and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the health and safety of our student, and we authorize them to obtain the necessary medical services and treatment for our student, without further consent and at our expense, from a hospital or medical doctor. We understand that this is a supervised school program and that group standards of conduct must be observed. We will instruct our student to comply at all time with the TEC rules, standards, and instructions for student behavior. We agree that The Education Cooperative, its employees, and agents shall have the right to enforce appropriate standards of conduct and that they may, at any time, terminate our student's participation in this program for failure to behave according to these standards or for any actions or conduct which they consider to be incompatible with the interest of comfort and welfare of other students in the program or its supervisors. If our student's participation is terminated, we consent to his or her being sent home at our expense.

**Turn Over to Sign**

Student Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

**REQUIRED SIGNATURES**

**INITIAL OR CHECK EACH BOX AND SIGN THE BOTTOM OF THE FORM**

**Consent for Medical Treatment**

\_\_\_\_\_ Yes I give permission

\_\_\_\_\_ No I do NOT give permission

**Records Release and/or Communication Consent**

\_\_\_\_\_ Yes I give permission

\_\_\_\_\_ No I do NOT give permission

**Consent Use Student Work, Photographs and Audio/Videotapes**

**Permission for TEC Use**

\_\_\_\_\_ Yes I give permission

\_\_\_\_\_ No I do NOT give permission

**Permission for Local News**

\_\_\_\_\_ Yes I give permission

\_\_\_\_\_ No I do NOT give permission

**Permission for Social Media**

\_\_\_\_\_ Yes I give permission

\_\_\_\_\_ No I do NOT give permission

**Field Trip Consent**

\_\_\_\_\_ Yes I give permission

\_\_\_\_\_ No I do NOT give permission

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

\_\_\_\_\_  
Date