

Neighborhood Walk Permission Form

Dear Parent:

When the weather permits, we would like to take your child on a neighborhood walk. This walk would be contained in an area limited to two blocks from the school and would not include the crossing of any major roads. A distance greater than two blocks from the school would be considered a field trip and would require a field trip permission slip. If you will allow your child to take a neighborhood walk with his/her classmates and teachers, please sign below.

I give my permission for my child to go on a neighborhood walk as stated above. The permission slip is valid for the upcoming/current academic year.

Child's Name _____

Parent's Name _____ Date _____

Media Release Form

The Cleveland Heights-University Heights City School District uses photographs of students for publications and visual productions. Also, local media frequently want to interview and photograph students for educational stories.

This form enables you the parent/guardian to choose whether your child may be interviewed or photographed by the school system or the media. This form does not apply to the use of photographs and videos for the limited purpose of classroom instruction.

I do /do not give permission for my child to be interviewed or photographed by the school system or the news media.

Parent/Guardian Signature

Date

Health Information Form

Does your child have any health problems that we should be aware of? yes no

If so, please explain. _____

Is your child on any medication? yes no

If yes, what kind? _____

Does your child have any allergies? yes no

If yes, please describe. _____

Are there any foods or drinks that your child should not have? yes no

If yes, what are they? _____

I understand that if my child needs medication to be administered during the Before/After School Program, I will provide the medication(s) to the program along with the Request for the Administration of Medication form(s). I understand that the Before/After School Program does not have access to medications that are in the school nurse's office.

Parent/Guardian Signature _____

Date