

**UNITY HIGH SCHOOL PARENT CONSENT FORM**

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Student Resides with:** \_\_\_\_\_

**Father's Name:**

**Mother's Name:**

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**STUDENTS LEGAL GUARDIAN:**

**PERSON(S) RESPONSIBLE FOR ALL EDUCATIONAL DECISIONS:** \_\_\_\_\_

**Emergency Contact:**

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please provide any pertinent medical information such as allergies, asthma, diabetes, epilepsy, etc

Preferred Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**FIELD TRIPS:**

I have read and understand the information pertaining to field trips. (Our) my child has my (our) permission to participate and attend in field trips sponsored by the school district. In addition, I have read and understand the information pertaining to injury or accident. In the event of an injury or accident to our child during his/her participation in a field trip, school district officials are authorized to seek immediate medical attention or assistance at the nearest medical facility, if the same is deemed appropriate.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONSENT FOR PHOTO**

I have read and understand the information pertaining to the consent to disclosure and use of picture, voice and name by photograph, videotape or audiotape.

**I DO** \_\_\_\_\_ **I DO NOT** \_\_\_\_\_ consent to the disclosure and use by the School District on the image, voice and name of my child.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**USE OF INTERNET**

I have read and understand the information pertaining to use of computer resources in the Unit 7 Schools and agree that it is the responsibility of the student to follow the rules and regulations.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MILITARY RECRUITMENT**

Under federal law, school districts are required to distribute lists of high school seniors and juniors (17 and older) with their names, addresses and phone numbers to the United States Armed Forces Agencies, and other authorized agencies as requested. However the Family Educational Rights and Privacy Act and the No Child Left Behind Act mandate that parents be offered and option to withhold the release of this information each year. If you wish to withhold the release of this information you must sign the below. The request to withhold student information is applicable to the current school year.

I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ give consent for distribution of information.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATHLETIC INSURANCE**

One or more of the following plans must be in force prior to participation.

- (1) Individual or Group Health/Accident Insurance: Company \_\_\_\_\_ (#) \_\_\_\_\_
- (2) Special Athletic Insurance Purchase
- (3) Student Classroom Accident Insurance (circle plan)    9 hour    24 hour

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATHLETIC CODE**

I have read and understand the Athletic Code. I hereby give consent for the above named student to represent UHS in school athletic activities, including team travel for local or out of town events.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IHSA STEROID TESTING**

I have read and understand the information pertaining to Steroid Testing. By signing below I consent to random testing in accordance with the IHSA Steroid Testing Policy. I also understand that no student/athlete may participate in IHSA state series competitions unless consent is given for random testing.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_