



2019-2020 School Year
PROGRAM PARTICIPATION AND RELEASE FORM

Dear Parents: Following are statements that require your reading and signature. Please check either **YES** or **NO** for each statement.

YES NO

- _____ _____ 1. **Release of Basic Student Registration/Medical Information:** If your child is a regular bus rider, or if your child rides a bus for field trips, it is sometimes necessary to have basic information such as addresses, parent/guardian information, phone numbers, and emergency numbers, so parents/guardians can be contacted if medical attention is needed. Your signature will allow the bus company access to basic student registration information and emergency medical information about your child.
- _____ _____ 2. **Emergency Medical Treatment:** The principal or designated representative of my child's school is authorized to secure medical care and automobile or ambulance transport to Central Du Page Hospital, the nearest hospital facility, when I/we cannot be immediately reached at the time of an emergency. I/we will be responsible for the emergency medical charges upon receipt of statement.
- _____ _____ 3. **Photo Release:** The District from time to time allows coverage of activities and events. I/we give permission for our child's picture/video to be used in informational news coverage, including social media, school web site (**no names will be used**), yearbook, and educational purposes.
- _____ _____ 4. **Student Award/Honor Information:** The District from time to time publishes listings announcing students that have received awards and honors. I/we give permission for our child's name to be released for the purpose of identifying students who excel.
- _____ _____ 5. **Field Trip Permission:** Your signature will indicate that your child has permission to participate in any scheduled Benjamin District 25 event for which he/she is eligible. Participation in any event is viewed by the school as a privilege. For all events, a detailed information sheet will be provided in advance of the scheduled activity. The information will include dates, times, costs, items needed by students, transportation, and activity description.
- _____ _____ 6. **Bike/Walk to School:** I/we give permission for our child to walk or ride his/her bike to school. I we/understand the following: (a) our child must observe all pedestrian and bicycle safety rules, (Bicycle safety rules from ISOS can be found on our website.) (b) Benjamin School District 25 strongly suggest students wear helmets, (c) bicycles must be stored in the bicycle rack with a lock provided by the student, and (d) courtesy must be displayed towards pedestrians, vehicles and other bicyclists.

(cont.) I/we further understand and acknowledge: (a) if my child disobeys the rules, his/her walking/biking privileges may be revoked, (b) Benjamin School District 25 is **NOT** responsible for bicycles or related equipment which may become lost, stolen or damaged (c) Benjamin School District 25 **DOES NOT** assume any responsibility for the student's safety to and from school while walking or biking, and (d) it is the responsibility of the parent/legal guardian to ensure that the student adheres to all pedestrian/bicycle rules.

Student Name (please print)

Parent Name (please print)

Date

Parent Signature