

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

Grade Yr. - \_\_\_\_\_

# Pontiac Twp. High School Dist. #90

1100 Indiana Ave.  
Pontiac, IL 61764

## PROGRAM PARTICIPATION AND RELEASE FORM

Dear Parents: Following are statements that require your reading and signature. Your signature at the bottom gives permission for all of the statements.

- 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. It may also be necessary to share confidential health information with the school staff who have responsibility for the student when in school or participating in school activities. The information shared with the staff will be what is minimally necessary to ensure the health and well being of the student.
- 2. Emergency Medical Treatment:** The principal or designated representative of my student's school is authorized to secure medical care and automobile or ambulance transport to the nearest hospital that provides emergency medical services when I cannot be immediately reached.
- 3. Student Accident Insurance:** I understand that an optional student accident insurance policy is available for students and athletes. This policy will provide protection against accidents that happen during all school related activities.
- 4. Photo Release:** The district from time to time allows coverage of activities and events. I/We give permission for our student's picture/video and/or name to be used in informational news coverage and educational purposes.
- 5. Field Trips:** Classes take field trips, community-based walks and in-district trips as part of the curriculum. I/We give permission for our student to leave school grounds for these activities.
- 6. Student Award/Honor/Graduate Information:** The district from time to time announces listings of students receiving awards and honors (e.g graduation). I/We give permission for our student's name to be released for the purpose of identifying students who excel.
- 7. Internet Use:** I understand that internet access is designed for educational purposes and the District has taken precautions to eliminate controversial material and internet users. I intend to read the Authorization for internet access in the student handbook. I hereby request that my student be allowed access to the district's internet.
- 8. Transcript Release:** Pontiac Twp. High School has permission to release transcripts for academic purposes. This release remains valid until the student graduates.
- 9. ACT Score Disclosure:** I give PTHS permission to include ACT scores on the transcript. I understand if I do not include ACT score on my student's transcript I may be required to pay additional fees to ACT to send scores.

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

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Please note exceptions: \_\_\_\_\_