



# Broken Bow Public Schools Parent-Student Consent Form



Please initial all appropriate responses, sign the signature line, and return to the school office within 5 days of receiving this form.

## **Broken Bow Public Schools Student-Parent Handbooks**

All handbooks are accessible at the student's school office or K-12 handbooks are available on the BBPS website [www.bbps.org](http://www.bbps.org)

- \_\_\_\_\_ **YES**, I hereby acknowledge that I have read a copy of the New Discoveries Preschool Handbook (*PreK only*).
- \_\_\_\_\_ **YES**, I hereby acknowledge that I have read a copy of the North Park Elementary Handbook (*Grades K-5 only*).
- \_\_\_\_\_ **YES**, I hereby acknowledge that I have read a copy of the Middle/High School Handbook (*Grades 6-12 only*).
- \_\_\_\_\_ **YES**, I hereby acknowledge that I have read a copy of the Middle/High School Activities Handbook (*Grades 7-12*).

## **Picture-News Release (Grades PreK-12)**

- \_\_\_\_\_ **YES**, I hereby give permission for my child to be photographed, filmed, or videotaped for use by the Broken Bow Public Schools for use in various media outlets.
- \_\_\_\_\_ **NO**, I do not give permission for my child to be photographed, filmed or videotaped for publication. By signing below, the parent and student acknowledge that the student will be omitted from picture–news release publication.

## **Field Trips (Grades PreK-12)**

- \_\_\_\_\_ **YES**, I hereby give permission for my child to accompany his/her teacher on school trips during the school year.
- \_\_\_\_\_ **NO**, I do not give permission for my child to accompany his/her teacher on school trips during the school year.

## **Movie Viewing (Grades K-5 only)**

- \_\_\_\_\_ **YES**, I hereby give permission for my child to view G and PG rated movies.
- \_\_\_\_\_ **NO**, I hereby do not give permission for my child to view G and PG rated movies.

## **Attendance (Grades K-12 only)**

\_\_\_\_\_ **YES**, I hereby acknowledge that I understand Nebraska law requires students to be in attendance at school each day that such school is open and in session, except when excused by school authorities or when illness or severe weather conditions make attendance impossible or impracticable. Nebraska law also requires school officials to investigate any possible violation of this requirement. Please note that if your student accrues more than 20 absences, the school district may refer the child to the county attorney for action under §Neb. Rev. Stat. 43-247 (3) (a) and (b).

**Health Information and Illnesses (Grades PreK-12)**

\_\_\_\_\_ **YES**, I hereby authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary treatment by a qualified physician, in his office or hospital emergency room, in the event of an accident or serious illness for the student in the course of any school activity, including field trips.

\_\_\_\_\_ **NO**, I do not authorize the school to obtain a physician for my child during the course of any school related activity.

\_\_\_\_\_ **YES**, I give permission for any relevant health information of my child, necessary for educational planning and/or student safety, to be shared among appropriate school personnel who serve the student.

\_\_\_\_\_ **YES**, I give permission for my student to participate in routine health screening (i.e. Lion's Health Screening, SMILES, etc.).

I give permission to the Broken Bow Public School for a nurse, an unlicensed health technician, or other school personnel determined competent to provide medications as required by Nebraska law, to administer the following medications to my child:

Acetaminophen (Tylenol) \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Ibuprofen (Advil, Motrin) \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Please list any medical conditions, concerns and all medications you have about your child:

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\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date