



2023-2024 PERMISSION & INFORMATION FORM

Parent/Guardian Names: _____

Students: Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____

Please check the appropriate box for each question, then sign and return to Immanuel by August 18, 2023.

Yes No

- AGREEMENT TO PARENT HANDBOOK**
I have read and agreed to the terms of the 2023-2024 ILS Student and Parent Handbook. A digital copy of the Student and Parent Handbook may be found in the August email or found on the website at <https://www.immanuelcl.org/school-forms>. A paper copy may be requested from the school office.

- FIELD TRIP CONSENT**
Once field trips are approved by the principal, my child(ren) enrolled in Immanuel Lutheran School has my permission to accompany the class on all school sponsored trips during the current school year. I understand that my child will be notified of each field trip planned. I further understand my child(ren) will travel by walking, bus, or car. I understand children under the age of eight (8) years must be secured in a child safety seat provided by the parent or legal guardian when traveling by car.

- ALLERGY INFORMATION**
My child(ren) has allergies. *If you have answered "Yes," please list all children with allergies below and have your physician fill out an **Allergy Form** for each child as needed.*
Children affected by allergies: _____

- SEIZURE INFORMATION**
My child(ren) has a seizure disorder. *If you have answered "Yes," please list all children with a seizure disorder below and have your physician fill out a **Seizure Action Plan** for each child as needed.*
Children affected by seizures: _____

- ASTHMA INFORMATION**
My child(ren) has asthma. *If you have answered "Yes," please list all children with asthma below and have your physician fill out an attached **Asthma Action Plan for Home and School** for each child as needed.*
Children affected by asthma: _____

Yes No

PUBLIC RELATIONS RELEASE

I/We grant Immanuel Lutheran School Permission to use any picture or activity videos with our child(ren) in its promotion and public relations use (newspaper, website, social media, local TV, brochures, etc.). I understand the name of my child(ren) will not be associated with their picture without permission.

PERMISSION FOR RELEASE

There might be times when I am unable to pick up my child(ren). I do hereby authorize Immanuel Lutheran School to release my child(ren) to the following people that I have listed below.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

It is Immanuel's policy that children be released ONLY to the parent or above named persons during the school day, after-school pick-up, or from Immanuel Care. In helping us partner with you in supervision and safety of children, we ask that parents please CALL OR EMAIL the School Office if someone other than the parent or above named persons will be picking your child(ren) up from school.

*In addition, we understand there may be unique situations (divorce, custody, court order, etc.) where there are specific people who, **under no circumstances**, will be allowed to pick-up your child. The below Yes/No option will inform us of this.*

Yes No

RELEASE PROTECTION

There are specific people who, **under no circumstances**, will be allowed to pick-up your child. *If you have answered "Yes," please list those people below.*

Names of people NOT ALLOWED to pick-up my child(ren): _____

I agree the facts and information provided on this form are accurate to the best of my knowledge.

Signature

Date