

HIGHLAND COMMUNITY SCHOOL – AUTHORIZATIONS & OPT OUT FORM

Child's Name _____

Other concerns: (Non-participation in holidays, restraining orders, etc.) _____

Please use the back of this form to add any other information you believe is important or that you would like to share, such as medical, environmental or behavioral history to help us understand the development of your child.

AUTHORIZATION

Yes No I understand that if emergency medical care is deemed necessary while my child is at school, the school Director or designee will contact the City of Milwaukee Fire Department Emergency Medical Service at 911. The City of Milwaukee Fire Department or assigned ambulance service will convey my child to a hospital providing emergency service. The responsibility for assuming all conveyance and medical expenses incurred on behalf of my child is a parental one.

Yes No If I cannot be reached in the event of an emergency, I give permission to the physician selected by HCS to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child.

Yes No I give permission for my child to participate in all activities and trips that are a part of Highland Community School's (HCS) educational program and under the direction of HCS staff during operating hours and I permit HCS staff to transport my child as necessary (transported by car, bus or walking).

Yes No I understand that HCS employs licensed Special Education teachers to support all students in the learning process. I give permission for my child to work with these teachers.

I would like to Opt Out of the following:

Internal Photos – I **DO NOT** give permission for my child's likeness to be included in photographs, motion pictures, or video tapes publicizing and promoting HCS' work. (This includes the Highland Website, Notes Home & other HCS brochures, etc.)

External Photos – I **DO NOT** give permission for my child to be published in public media formats from outside sources such as newspaper, audio/video, live broadcast, internet, webpages, social media, and HCS community partners. (This includes any MPS Publications & Website.)

I approve this application and certify that the information I have provided is true and correct to the best of my knowledge. I agree to promptly notify HCS if any of the above information changes.

Parent/Guardian Signature _____

Date _____