

# NICE Community Schools

## Comprehensive Permission Forms

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Grade/Teacher**

### PERMISSION TO GIVE OVER THE COUNTER MEDICATIONS

In order to keep students comfortable while in school with minor complaint such as a headache, minor cuts, scratched, stomach aces etc. there are over the counter remedies that are available in the nurse's office. However, in order to give your child any medication we must have your permission. We use an Tylenol or Motrin as an aspirin substitute because Aspirin is not safe for students under the age of 18. Other over the counter treatments available are: Antibiotic Ointment, Hydrocortisone Cream, cough drops, Carmex, Burn Cream and TUMS. I have discussed this with my physician and I am giving permission for my child to be given the over the counter medications that are listed. I will be notified if my child's complaints are more severe.

**Please check one of the following:**

**I DO**       **I DO NOT.**

### FLUORIDE MOUTHRINSE PROGRAM PERMISSION

IMPORTANT-Please read the information included for details on this program. This form must be filled out whether or not you permit your child to participate in the fluoride mouthrinse program.

**I DO**       **I DO NOT.**

### FIELD TRIP PERMISSION

Permission for my child to accompany his/her classmates or the elementary student body on off-site school-sponsored field trips as part of the regular classroom day.

**I Do**       **I DO NOT**

### MEDIA PUBLICITY PERMISSION

Permission to give Aspen Ridge Elementary School the right to use student's NAME, PHOTOGRAPH, or PUBLISHED PROJECTS to showcase activities and achievements related to the Aspen Ridge Elementary School. (For internet publications, only first names will be used)

**I DO**       **I DO NOT**

### E-MAIL

For the purpose of providing updates on lunch accounts and other school announcements, please provide your e-mail address below.

**Parent/Guardian E-mail Address** \_\_\_\_\_

### FAMILY HANDBOOK

I have read and understand the Aspen Ridge Elementary School Family Handbook (including the Aspen Ridge Elementary School Discipline Policy as well as the section on food allergies), along with the acceptable use policy for Technology/Internet use and have reviewed all with my child.

By signing you acknowledge and agree with all choices and terms listed above.

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

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

**(Be Sure To Fill Out Back Page)**