

Student Authorization Form

Please initial each box for those activities you authorize, or write "NO" for those you do not authorize.

1	, the parent/legal guardian of
(Signature)	(Date)
(Child Name)	, hereby give permission for the following:
For my child to use	Use of Hand Sanitizer and sanitizer, as needed between regular hand washing.
	Release of Information
I give permission for my child's r	ame, parent's names, address, and phone number to be shared with members of his/her class
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	Photo & Video
•	the program, my child will be photographed / video taped for classroom purposes classroom displays, supervision cards and internal use.
:	ion for my child's image, photograph, or other reproduction to be taken without purposes (initial here):Social MediaHTWS promotional materials.
	Lost or Broken Item
:	onics, and or any other items of value are not to be brought to the HTWS programs. be held responsible for lost, broken, or stolen items brought from home.
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	Allergy Notification
i ' -	. My child does have allergies and I give permission for my child's allergy n plan to be displayed in the classroom. My child's allergies include: