

PARENT AUTHORIZATION AND AGREEMENT FORM

Off Campus Educational Experiences: I hereby request and **CONSENT / DO NOT CONSENT** (circle and initial your choice) that my child or ward be permitted to participate in any and all field trips this year. (You will be notified prior to each trip.) I understand that this trip is a part of the school's educational program and that my child or ward may be accompanied and transported by a teacher or other officials or volunteers of the school district. I agree that no teacher or other school district official or volunteer parent will be held responsible for any injuries or damages occurring on such trip. In the event a claim is made, I agree to limit such claim to my child's or ward's share of any insurance proceeds, if any, available on any policy held by the person against whom such claim is made.

Corporal Punishment: I **CONSENT / DO NOT CONSENT** (circle and initial your choice) to my child or ward's being paddled or spanked as a consequence for misbehaving in school. If corporal punishment is not allowed, my child may receive either In or Out of School Suspension as a consequence for his/her behavior when sent to the office.

Student/Parent Handbook: I **HAVE / HAVE NOT RECEIVED** (circle and initial as appropriate) a copy of the HCSD Student / Parent Handbook outlining the district's policies, discipline guidelines and code of conduct, and understand that it is my responsibility to read its contents and explain them to my child. I understand the attendance policy states that only doctor's excuses or legal excuses create an excused absence. I also understand that the district is not responsible for any medical bills or balances not covered under a student's insurance policy.

Parent Authorization and Indemnity Agreement Emergency Treatment: I, the undersigned parent/s or guardian/s of _____, a minor child attending the HCSD, who is diabetic or potentially at risk for seizures, coma, or other such medical emergency request that the personnel of the Hinds County School District summon Emergency Medical Services ("EMS") personnel to treat my child and/or to transport said child to any medical facility in the event of such medical emergency. I /We forever release, discharge and covenant to hold harmless the Hinds County School District, its personnel and Board of Education from any all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the emergency treatment by said EMS or the transport of said child to any medical facility.

The undersigned agree to repay the school district, its personnel, or Board of Education any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of emergency treatment. I/We have read the foregoing release and indemnity agreement and fully understand it.

Behavior and Emotional Screening Social Skills Counseling Initiative:

I hereby **CONSENT / DO NOT CONSENT** (circle and initial your choice) to my child participating in a short-term social skills counseling initiative in the event that my child scores in the elevated range when administrated the behavioral and emotional screening assessment in accordance with the 2001 No Child Left Behind Act. See page 37 of this book for complete details.

Parent Authorization and Indemnity Agreement Prescription Medicines: I, the undersigned parent or guardian of _____, a minor child request that the personnel of the Hinds County School District administer prescription medicine to this student. This request has been made for my convenience as a substitute for parental administration of this medicine. It is understood that school personnel administering the medicine will not have to have medical or nursing training. I forever release, discharge, and covenant to hold harmless the Hinds County School District, its personnel and Board of Education from any and all claims, demands, damages, expenses, loss of services, and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss, or damages of any kind resulting from the administration of the prescription medicine.

The undersigned agree to repay the school district, its personnel or Board of Education any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of medicine. I have read the foregoing release and indemnity agreement and fully understand it.

PARENT TECHNOLOGY PERMISSION FORM and INTERNET USER AGREEMENT: As a parent or guardian of a student in the Hinds County School, I have read the acceptable use policy that details information about the appropriate use of computers at the school and I understand this agreement will be kept on file at the school. (Questions should be directed to the principal for clarification.)

Check and initial your choice:

My child may use e-mail and the Internet while at school according to the rules outlined. _____

I would prefer that my child not use e-mail and the Internet while at school. _____

As a user of the School computer network, I agree to comply with the above stated rules and to use the network in a constructive manner.

Executed this the _____ day of _____, 20 _____.

Student Name (print): _____

Student Signature: _____

School: _____ Grade: _____

Parent Name (print): _____

Parent or Guardian Signature: _____

Parent or Guardian Witness: _____