

**GALENA UNIT SCHOOL DISTRICT #120
PARENT/GUARDIAN PERMISSION FORM (2020-2021)**

List your child(ren)'s name(s) and grade(s):

_____	Grade _____	_____	Grade _____
_____	Grade _____	_____	Grade _____
_____	Grade _____	_____	Grade _____

DEAR PARENTS: **Following are statements that require your reading and signature.** Please read each statement thoroughly and check **YES** or **NO** for each statement. If a particular statement does not apply to your child(ren), you should still check "NO".

YES **NO**

- | | | |
|-------|-------|---|
| _____ | _____ | <p>1. COVID-19 Symptom Self-Check Certification – By marking yes, I certify that I will self-check my child(ren)'s temperature daily prior to arriving to school or riding on a bus, and further certify that I will be honest and truthful. Per State of Illinois guidelines the District is required to exclude students from school if you do not certify that you will perform this task EVERY DAY. PLEASE NOTE: Your child(ren) will NOT be allowed to attend school if they have any of the following symptoms:</p> <ul style="list-style-type: none"> • Received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional in the past 14 days; • Had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days; • Experienced any cold or flu-like symptoms in the last 14 days (to include: fever or temperature of greater than 100.4 degrees Fahrenheit/38 degrees Celsius, cough, difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, and persistent loss of smell or taste. |
| _____ | _____ | <p>2. Undesignated Epinephrine Auto-injectors: By marking yes, I agree that I am primarily responsible for administering medication to my child(ren). However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, on my behalf, to administer or to attempt to administer to my child(ren) (or to allow my child(ren) to <i>self-administer</i> pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine auto-injectors to my child(ren) when there is a good faith belief that my child(ren) is/are having an anaphylactic reaction, whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P.A. 99-480). I acknowledge that it may be necessary for the administration of medications to my child(ren) to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child(ren)'s self-administration of medication.</p> |
| _____ | _____ | <p>3. Student Handbook. The FY21 Student-Parent handbook is available for viewing on the school district website (www.qusd120.k12.il.us). I intend to become acquainted with its contents. It is my responsibility to read and review this handbook with my child(ren) and to understand its contents, including behavioral expectations when riding school buses.</p> |
| _____ | _____ | <p>4. Emergency Medical Treatment. The principal or designated representative of my child(ren)'s school is authorized to secure medical care and automobile or ambulance transport to Midwest Medical Center or the nearest hospital facility when I/we cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of statement.</p> |
| _____ | _____ | <p>5. Field Trips. Classes take field trips off school grounds as part of the curriculum. I/We give permission for our child(ren) to leave school grounds for field trips.</p> |
| _____ | _____ | <p>6. Surveys. Anonymous surveys of students (i.e. students are not asked to put their name on the survey form) are sometimes given to analyze students' opinions, attitude or behavior (e.g. opinions about school programs and services, drug/alcohol use, etc.) I/We give permission for my son/daughter to participate in such anonymous surveys.</p> |

NOTE – YOUR SIGNATURE IS REQUIRED ON THE REVERSE SIDE OF THIS FORM

- ___ ___ 7. **Directory Information:** Your child(ren)'s name, address, telephone number, photographic, video, or electronic images, including use on the district website; participation in officially recognized activities, events, and sports; weight and height of athletic team members; honors, honor rolls, degrees, and awards received and grade placement; information generally found in yearbooks, will all be designated as "Directory Information" under the Family Educational Rights and Privacy Act (FERPA) and will be disclosed when requested: I give permission for my child(ren)'s Directory Information to be released.
- ___ ___ 8. **School Insurance.** It is my desire to purchase/accept the School Insurance for the 2020-2021 school year. Note - If you mark "yes" and wish to purchase coverage, you may pay via credit card by logging on to www.1stAgency.com and follow the online directions by choosing STATE and SCHOOL DISTRICT and click "Purchase Coverage".
- ___ ___ 9. *PS students only* – **Morning Recess Milk Program.** The Galena School District offers morning recess milk (**available to Primary School students only**) at a cost of 52.80 per year, per child. I/we wish our children to receive the morning recess milk and agree to pay the sum of \$52.80 per child prior to the first day of the 2020-2021 school year to cover the cost of the recess milk.
- ___ ___ 10. *HS students only* - **Military Recruiters:** High schools are required to release Directory Information to military recruiters. Unless you advise the school office that you do not want any or all of this information released, school officials may release personally identifiable information that has been designated as "directory information." Upon receiving written notice from parents/guardians or eligible students objecting to disclosure, this information will not be released without the prior consent of the parent/guardian or eligible student. I give permission for my child(ren)'s Directory Information to be released to military recruiters.
- ___ ___ 11. *HS students only* – **Transcript Release:** I give permission to release my child(ren)'s transcripts that will include all coursework grades, class rank, GPA, attendance information, and high school assessment scores as defined by Illinois School Code, to post-secondary institutions upon request.

Parent/Guardian Signature _____ Date _____

(Your signature gives permission for all of the statements above which were not preceded by "NO".)