

Grandview Christian School



2015-16 ENROLLMENT PERMISSIONS

Please **initial** all that apply and **state NO** if it should **NOT** apply

Initial if Yes
or Write NO

_____ I **do give permission** for my student's image to be reproduced in promotional materials for Grandview Christian School (*i.e. website, newsletters, newspaper articles, and advertisements, etc*)

_____ I **do want** to receive e-mails from the school regarding activities and other important information (*i.e. lunch account reminder, special events, etc*) at my preferred e-mail address, which is:

_____ **(list preferred email address above)**

_____ I **give permission** for my family's phone number(s) and email address to be visible to other GCS parents through the school's secure Sycamore Education portal.

_____ I **give permission** for the school to administer the following (*according to package directions*) to my student(s) for minor aches and pains and I understand the Grandview Christian School and its personnel assume or accept no liability for dispensing these medications:

(Circle all approved pain relievers)

Liquids: **Ibuprofen (Children's Motrin/Advil)** ~ **Acetaminophen (Children's Tylenol)**

Tablets (ages 12 & up): **Ibuprofen (i.e. Advil)** ~ **Acetaminophen (i.e. Tylenol)**

_____ I **give permission** for the school to administer the following *special* medications (*i.e. inhalers, breathing treatments, asthma medications, allergy medications, epilepsy treatments, diabetic solutions, etc*) and will complete a **Medication Authorization** form with full instructions:

_____ My student(s) may be picked up by the following individuals, without any prior notification to the school:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Student's Name

Grade

Student's Name

Grade

Student's Name

Grade

Student's Name

Grade