

Parent/Guardian: Please initial each as approval and sign below.

**Platteville High School
Parent Permission Document**

Student Name (please print) _____

_____ **Health & Dental Services**

I, the undersigned, do hereby authorize officials of Platteville School District to contact directly the persons named on the student information form, and do authorize the named physician and dentist to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I understand that this form will be shared with all school personnel that need to know this information to protect the life and safety of said child. This authorization will be renewed annually.

_____ **Field Trips**

I, the undersigned, grant permission for my child to attend field trips and class excursions that are sponsored by the school.

_____ **Student Handbook**

I, the undersigned, have been made aware of the Platteville High School Handbook. I am aware that this handbook contains rules, policies, procedures that are governing the operation of the Platteville High School.

Parent Signature

Date

Student Signature

Date