



CONSENTS

The Promesa Public Schools is requesting parental/guardian consent as follows. Please read this document carefully and feel free to ask your teacher or the Principal for more information as needed.

Name of Parent/Guardian Completing Form: _____

Student's Printed Name: _____

I affirm that I am the parent or legal guardian of the student specified above.

Parent/Guardian's Signature: _____

Consent for Services/General Release of Liability

I, the undersigned parent/guardian, agree that my child can participate in the services provided by Promesa Public Schools.

I release Promesa Public Schools from all liabilities to my child for all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property which my child may sustain or suffer during or arising out of services provided by Promesa Public Schools or transportation provided by Promesa Public Schools, whether caused by the acts or omissions of Promesa Public Schools officers, directors, employees, representatives, advisors, affiliates, divisions, departments, related entities, contractors, funding source and/or other agents ("Parties Released"). I agree to defend and indemnify the Parties Released from and against any and all liabilities.

Parent/Guardian's Signature: _____ Date: _____

Directory Information

Promesa Public Schools regularly receives requests for directory information concerning enrolled students. Directory information includes, but is not limited to, the student's name, address, telephone listing, photograph, dates of attendance, grade level, and participation in officially recognized activities and sports.

- The information will not be provided to any requestor if you check "I DO NOT GIVE permission to release student directory information" AND sign at the signature line.
- The information will be provided to the requestor if:
 - You check "I GIVE permission to release student directory information"; or
 - You do not check either option; or
 - You do not sign the form.
 -

_____ I GIVE permission to release student directory information.

_____ I DO NOT GIVE permission to release student directory information.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____



Medical Authorization and Medication Requirements

In the event of injury or illness, I authorize Promesa Public Schools staff to take whatever action is deemed necessary for my child’s health or welfare. I understand that Promesa Public Schools staff will document these events and notify me as soon as possible if there is a need for medical attention. I consent to whatever medical treatment is required for my child, including admission to an emergency medical treatment facility, and I release the Parties Released from all costs incurred, and any claims arising from that medical treatment. Furthermore, I agree to defend and indemnify the Parties Released from and against any and all claims arising from medical treatment required by my child.

| understand that Promesa Public Schools staff will not administer over-the-counter or prescription medication to my child without my written approval. | understand all medication generally will be placed in a locked cabinet for the duration of the school day and administered only to my child as directed on the medication’s label and only by Promesa Public School’s staff. | understand that it is a violation of Promesa Public Schools rules for my child to possess over-the-counter or prescription medication without the knowledge of Promesa Public Schools staff.

Parent/ Guardian Signature: _____ DATE: _____

Field Trip Permission

I hereby grant permission for my child to attend field trips sponsored by Promesa Public Schools. Promesa Public Schools will provide notice prior to any field trip. All Promesa Public Schools rules and policies shall apply while attending any field trips.

I hereby release the Parties Released from and against any and all liabilities to my child for any and all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, which my child may sustain or suffer during or arising out of participation in the field trip, whether caused by the acts or omissions of the Parties Released. I agree to defend and indemnify the Parties Released from and against any and all Liabilities.

Parent/ Guardian Signature: _____ Date: _____

Transportation Permission

I understand that based on the needs of my child he/she may need to be transported by Promesa Public Schools staff in school or personal vehicles.

| hereby release the Parties Released from and against any and all liabilities to my child for any and all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, which my child may sustain or suffer during or arising out of the transportation provided by Promesa Public Schools, whether caused by the acts or omissions of the Parties Released. I agree to defend and indemnify the Parties Released from and against any and all Liabilities.

Parent/Guardian Signature: _____ Date: _____