



PARK COUNTY SCHOOL DISTRICT #16

Activity Permit

I, the parent/guardian of _____, realize that there is the risk of my child being injured that is inherent in all activities participation. I realize that the injury may be severe including the possibility of fractures, brain injury, paralysis or even death.

I hereby give my permission to allow _____ to participate in **all** school activities (including athletic) for the **2021-2022** school year (except: _____.) I understand that my child will be expected to follow the activity regulations. I also understand that at anytime I do **not** want my child to participate in any of the activities scheduled that I may call either the principal or sponsor of the activity and my child will not be allowed to participate in and/or go to that activity.

Parent/Guardian: _____

Date: _____

Permission to Seek Emergency Medical Treatment

Student's Name: _____

I hereby authorize Park County School District #16 and its faculty members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Parent/Guardian Signature: _____

Date: _____

Phone: _____(home)

_____ (work)

Bus Permit

It is not the policy of the board to make bus riding an unpleasant experience. Student Conduct on School Bus Policy has been adopted to make bus riding more pleasant and safe for all students. It is not the bus driver or the principal or the board that excludes a student from riding on the school bus. He/she excludes himself/herself because of anti-social behavior that may endanger the safety of all the students, including himself/herself.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Student Directory Information Release

I hereby give my consent for the release of student directory information as it applies to school related activities such as; yearbook, athletics, musical programs, honors, awards, drama productions, commencement, etc. This release shall not apply to confidential student records such as: test scores, transcripts, evaluations, etc. This consent will remain in effect unless or until permission is revoked by the parents requesting in writing such a revocation. (WY State Statue 15-442)

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____