

Parent / Guardian/ Student Authorization Form

I am the parent/legal guardian of _____
Student's Name

- I give my consent for my student to participate in field trips/other activities taken by Tri County High School during the 2023-2024 school year.
- I further give my legal consent and authorize any representative of Tri County High School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above named student, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician, dentist and/or any hospital.
- I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my above named student. I acknowledge and agree that Tri County High School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my above named student.
- If my above named student requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. **To facilitate contacting me, I agree to continue to provide current work and home/cell phone numbers to the school.**
- I understand FERPA - Family Educational Rights and Privacy Act will be followed by the school. I give Tri County High School permission to release the following directory information: (grade, name, activities and photo) without my permission.
- I accept the Tri County High School Acceptable Use Policy and give my permission for my student to utilize the district's technology resources. I understand that it is designed for educational purposes.
- I give permission for my student to be assigned a Google Apps Account.
- I understand all students grades 7-12 are charged a chromebook maintenance coverage fee of \$25 and have read the policy for what is covered/not covered in the student handbook.



Student:

- I understand and agree to abide by the Yondr cell phone policy and guidelines.
- I understand and will abide by the 1 to 1 Chromebook Policy and guidelines found in the student handbook.
- I understand that as a student representing the school district in activities and/or athletics, I am obligated to comply with the activities/athletic handbook, including the code of conduct.
- I acknowledge I have reviewed the Tri County Public Schools Student Handbook at www.tricountyschools.org website, which contains governance information for students in attendance at Tri County Schools.

A photocopy of this document shall have the same force and effect as the original.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Student Signature

Student's Printed Name

Date