**PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF TYLENOL, IBUPROFEN, FIELD TRIPS AND PHOTOS**

Central Lyon Community School District has my permission to administer the following product(s) to my child/student for the 2016-2017 school year:

\_\_\_\_ Tylenol \_\_\_\_ Ibuprofen

Central Lyon CSD will occasionally photograph students while they are participating in school related activities. These photos & the student's name may be used in school related publications, directories, bulletin boards, reports, newspapers, or brochures. The Central Lyon CSD has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1971. A copy of the school district's policy (Code No. 506.2) is available for review in the office of the principal of all of our schools. This statement includes school photos, memory books, and yearbooks. *Please* ***circle one*** *of the following statements and sign on the line below:*

**\* YES:** Central Lyon may use my child's likeness/photo & name in school related publications & directories as outlined in Code No. 506.2.

**\* NO:** Central Lyon may NOT use my child's likeness/photo & name in school related publications & directories.

Central Lyon CSD occasionally will schedule in town and out of town field trips for specific classes or events. On rare situations it may be necessary to have a non-staff member drive for an event. My signature below indicates that I am aware that a non-staff member may drive my student to/from an event. Please ***circle one*** of the statements & sign on the line below:

**\* YES:** my child has my permission attend a school sponsored event or field trip.

 **\* NO:**  my child may not attend a school sponsored event or field trip.

In case of accident or serious illness, the school will contact the child's parent or guardian. If the school is unable to reach the parent/guardian, the signature below authorizes the school to make the necessary arrangements for the child's medical care.

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 Parent/Guardian Signature Date