

I, do hereby authorize officials of the Hobart Public School District to contact directly the persons named in this document, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named in this document, or parents/guardian cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child.

Doctor: _____ Phone (____) _____ Dentist: _____ Phone (____) _____

(Circle One)

YES - NO Does your child resides in the Hobart School district; if no, what district.

_____ If NO transfer papers must be on file.

YES - NO Has your child ever attended Hobart Public Schools; if yes, when.

YES - NO I give permission for Hobart Schools to use corporal punishment on my child. (According to school policy)

YES - NO I give permission for my child to participate in class fieldtrips.

YES - NO I give my child permission to ride the Hobart School bus and I have received, read and understand the Transportation Rules and Regulations Policy information sheet.

YES - NO I give permission for my child to have access to the Hobart Public Schools network and the Internet and I have received, read and understand the Internet Policy according to the Hobart Student Handbook and information sheet.

YES - NO I give my student permission to drive to school and I have received, read and understand the Driving Policy in the Hobart Student Handbook and information sheet.

YES - NO I give permission for my child's directory information to be released. FERPA (I.e. name, address, birth date, photograph, or other information designated as "directory information" by the school. For use in school programs, yearbooks, honor roll lists, newspaper articles, or when requested under the Open Records Act).

YES - NO May the designee for Hobart Schools administer non-prescription medication such as Tylenol, Mylanta, or cough drop? (never Aspirin)

YES - NO May the designee for Hobart Schools administer first aid to your child during school hours or while participating in school activities.

YES - NO Does this child take medication on a regular basis? If yes, please list

YES - NO I have received, read and understand the Hobart high school handbook

I understand and agree to the above information and I agree to abide and follow all laws and policies of Hobart School

Student Signature _____ ***Date*** _____

Parent Signature _____ ***Date*** _____