

# Permission Form RMLHS 2015-2016

Student Name: \_\_\_\_\_

## 1. Auto Permission (Circle one)

Yes / No My child has my permission to operate a vehicle to and from **RMLHS**.

Yes / No My child has my permission to have other **RMLHS** students as passengers in a car driven by him/her.

Yes / No My child has my permission to ride in automobiles driven by other students or adults, including travel to and from school on weekdays and weekends.

Description of Vehicle Driven By Student

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

*I agree to provide permission for each occurrence that my child will drive or be driven by others during school hours. I understand operating a vehicle during school hours is a privilege and can be revoked by the Principal if abused. I further understand parental permission releases RMLHS from all liability while student is using this privilege. \_\_\_\_\_ (Initial)*

## 2. Photo Permission (Please initial)

\_\_\_\_\_ *I give my permission for pictures and videos of my student (taken at school or during school activities) to be used for public relations and yearbook purposes for **Rocky Mountain Lutheran High School** and the Federation of RMLHS congregations. This may include pictures of my child on the RMLHS website, Facebook and in e-mails, but not connected to any personal information such as name, address or phone number.*

\_\_\_\_\_ *I do not give permission for any pictures of my students to be published for any reason.*

## 3. Administration of Over the Counter Medications Permission

(Please initial)

\_\_\_\_\_ *I hereby authorize the faculty and/or staff of Rocky Mountain Lutheran High School to administer the following over-the-counter medications (or their generic equivalents) to my student with dosages in compliance with the manufacturer's recommendation:*

- **Advil**
- **Tylenol**
- **Tums**
- **Benadryl**
- **Cough Drops**
- **Dayquil**

**Others (please list):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *I do not give permission for any over the counter medication to be given to my student.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_