



# Parent Acknowledgement and Consent Form

(Please Print)    Student Name                                      Grade                                      School                                      Teacher

## Parent Handbook Acknowledgement Form

**Initial  
(Acknowledge  
Handbook  
Receipt)**

This Parent Handbook is intended as a resource for families and community. The Evergreen School District Board of Trustees encourages and supports the collaborative efforts of parents and school personnel to provide a safe, orderly, and positive learning environment for students and other members of the school community.

Each student is responsible for his/her own acceptable behavior as well as the protection of other students' rights to due process and to fair and just treatment. Please read and use this handbook to answer any questions.

I acknowledge receiving the annual Parent Handbook. Additionally, I understand that this handbook may be accessed on the district website at [www.eesd.org](http://www.eesd.org) in English, Spanish and Vietnamese and I may request a copy in the language of preference from the school or district office.

## Medical Consent

**Initial  
(Medical  
Consent  
Agreement)**

In the event of illness or injury and I cannot be reached and the doctor or dentist indicated as the emergency contact cannot be reached, please call an available licensed physician or dentist or take my child to the nearest emergency facility by ambulance if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary for my child in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services (Civil Code 25.8)

## Google Apps for Education

**Initial  
(Have Read  
Google Apps  
Option)**

Google Apps for Education will allow our students to utilize a suite of free, web-based programs and to collaborate with teachers and other students within the District. Participation in the Google Apps for Education program is voluntary, but participation is strongly encouraged. Parents have the option to opt their child out of the Google Apps for Education program.

I **DO NOT** want my child to participate in the program or to be issued a Google Apps for Education account.

## Permission to Be Photographed

Throughout the school year, district staff and/or members of the media escorted by district staff may come to our classrooms or to school events in order to photograph students for district publications, displays, web site(s), news stories or similar purposes. Your child may appear in a photograph or a video, or his/her voice may be recorded for radio. [check selected photo option(s) below]

I give permission for my child to be photographed, videotaped, recorded, and/or interviewed by representatives for the Evergreen School District, the local media with district approval, or other education-related groups for school purposes. This includes pictures and/or videos published on the school or district affiliated websites(s). **Under no circumstances, with the exception of school yearbooks and class pictures, will photographs be published with a child's full name and/or personal information without parental consent.**

I **DO NOT** want my child to be photographed, videotaped, recorded, and/or interviewed by representatives for the Evergreen School District, the local media with district approval, or other education-related groups. However, I consent to **allow** (check all that apply) to:

- |  |   |
|--|---|
| <input type="checkbox"/> My child to participate in school photographs.  | <input type="checkbox"/> My child's picture and name to appear in a school yearbook or classroom publication. |
| <input type="checkbox"/> My child's teacher to photograph my child in class and to use the photograph for class projects and displays. | <input type="checkbox"/> My child's name to appear in a school/classroom newsletter.                          |
| <input type="checkbox"/> My child to be included in photographs/videos of classroom activities and performances.                       |   |

Parent/Guardian Name (Please Print)

Signature

Date

**Complete and Return to School of Attendance**