

Parent Permission Form
Lewistown Community Unit School District #97

FIELD TRIP PERMISSION

This information will be kept on file throughout your child's tenure at our schools. If you wish to change your preference at any time, please contact the appropriate office.

Rather than send numerous permission slips home during the school year, you have the option of signing one form at registration. I **give** permission for my child to attend the various field trips that may be offered during the school year. I may still notify the school if there are any individual field trips throughout the year that I do not wish for my child to attend.

YES NO
____ ____

TEXTBOOKS, INTERNET, AND SEXUAL HEALTH EDUCATION PERMISSION

YES NO
____ ____ My child has permission to use the textbooks available through the Illinois State Textbook program provided to the Lewistown CUSD #97

____ ____ I hereby request the loan of mathematic/science equipment and instructional materials in accordance with Section 2-3.54 of the School Code. I understand that this request will remain valid so long as my child is enrolled in Lewistown CUSD #97 and that I may withdraw this request. Students are responsible for any loaned item. Replacement cost may be applicable.

____ ____ If a curriculum program regarding sex abuse/sex education and or/diseases are taught in the grade that my child is in, I give my consent for him or her to participate.

____ ____ I give permission for my child to use the internet through class curriculum project. I may request a copy of the School Board Policy authorization for Internet Access.

ALLERGIES AND RESTRICTIONS

YES NO
____ ____ Known Allergies: _____

____ ____ Bee Sting Allergy

____ ____ Medication Allergies: _____

____ ____ Food Allergies: _____

A Doctor's note is REQUIRED if your child needs a substitute drink or food item due to allergies.

____ ____ Asthma ____ ____ Seizures ____ ____ Hearing Device

____ ____ Other (specify): _____

Parent/Guardian Signature

Date