

927 O’Bannonville Road, Loveland, OH 45140

Phone: 513-683-4757 Fax: 513-697-4191

FOUR PART RELEASE FORM

Student(s) Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First)

1. PHOTOGRAPHIC RELEASE

I/We give permission to Children’s Meeting House to use any pictures or video taken of my/our child(ren) at school or school functions. The pictures and/or video may be used for educational and public relations purposes and may appear in newspapers, magazines, on television, on the Children’s Meeting House website, Facebook or other media. Note: A parent may not restrict use of images that reasonably cannot be considered private such as students in school-related activities where multiple students participate and are open to the public or parents (e.g. field trips, after-school clubs, specials classes, class celebrations, etc.)

Parent(s) Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. FIELD TRIP RELEASE

I/We give permission for my/our child(ren) to go on field trips away from school by vehicle or on foot. I/We understand that all trips will be supervised by an adult.

Parent(s) Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. SCREENING RELEASE

I/We give permission for my/our child(ren) to participate in health and learning support screening programs. I/We will be informed of all results of any screening tests done on the above listed child(ren).

Parent(s) Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. OHIO DEPARTMENT OF EDUCATION

I/We give CMH permission to use State of Ohio Auxiliary Services Funds to purchase whatever materials and supplies are necessary for the education of my child. (per SF 200t Ohio Department of Education)

Parent(s) Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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