

First Lutheran School Kindergarten to 8th Grade
CONSENT STATEMENTS
Valid for school year 2026-2027

Student's Full Name: _____

OVER-THE-COUNTER MEDICATION CONSENT

DO NOT ADMINISTER ANY OTC MEDICATIONS

If you choose DO NOT ADMINISTER, phone authorization will not be accepted as consent and a parent/guardian must come to the school to administer medication to the student.

 Yes No I / We authorize the staff of First Lutheran School to administer the following over-the-counter medications to the student named above. I / We understand that by checking any box, only *one dose* of medication may be dispensed per school day. *Students are not permitted, at any time, to have any medication in their possession. Exemption occurs with written doctor's orders and medical consent forms on file in the school office.* I / We agree to hold harmless and to indemnify First Lutheran School and its staff in the administration of the following medications.

Please check the appropriate spaces below:

- | | |
|--|--|
| <u> </u> Acetaminophen adult strength tablets 250mg | <u> </u> 1 tablet <u> </u> 2 tablets |
| <u> </u> Ibuprofen adult strength tablets 200mg | <u> </u> 1 tablet (recommended dosage) |
| <u> </u> Acetaminophen child strength liquid or fast melt | <u> </u> recommended dosage <u> </u> other _____ |
| <u> </u> Ibuprofen child strength liquid or fast melt tab | <u> </u> recommended dosage <u> </u> other _____ |

MINOR FIRST-AID CONSENT

Please check the appropriate spaces below:

 Yes No I / We agree to hold harmless and to indemnify First Lutheran School and its staff in administering minor first aid to the above-named student. I / We understand that an incident report will be sent home with the student. If my child receives a minor injury during the school day, I / We consent to the application of the following:

- Hydrogen peroxide spray / soap and water for cleaning minor wounds
- Neosporin or equivalent antibiotic ointment
- Vaseline or equivalent for chapped lips/skin
- Band-aids or appropriate wound dressing (products may include latex)

DEPARTMENT OF EDUCATION

 Yes No I have received and read the Department of Education Standards for School-administered Child Care, Chapter 0520-12-01 Summary. (Located in information packet)

FIRST LUTHERAN SCHOOL FAMILY HANDBOOK

 Yes No I acknowledge that a copy of the First Lutheran School Family Handbook has been made available to me and that I understand and agree to the content provided within. (Located in information packet)

TRIPS/TRANSPORTATION

_____Yes ___No I agree that extra-curricular activities are a vital part of a well-rounded education. I / We give my consent to First Lutheran School and its approved drivers to transport the student to activities which may be held away from FLS campus. I understand that these activities may include education field trips, cultural excursions, recreational outings, off campus performances and school sponsored sports related activities. I understand that FLS staff and School-Approved Parent Drivers and Coaches will provide the transportation. I agree to hold harmless and to indemnify First Lutheran School, its staff, and school-approved parent drivers and coaches in the event of accident or injury while transporting students for school-related activities.

STUDENT SERVICES

(Before and after school child care program)

_____Yes ___No I / We agree that my child may participate in the Student Services program provided by First Lutheran School. I understand the student services is open before school from 7 am – 8:00 am and after-school until 5:30 pm. Student services are available as-needed. Charges are \$2 per quarter hour. Late charges begin at 5:31 pm and are \$1.00 per minute per child.

PHOTOS/PUBLICITY

_____Yes ___No I / We hereby give First Lutheran School full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of the applicants for use in editorial content, art, advertising, trade or any other lawful purpose. I / We understand the applicant’s likeness may be used in advertising and/or promotions. I / We hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use of applicant’s likeness. I / We waive any right to inspect and approve final use of materials covered hereunder. I / We have read and understand this Release, and certify that the information provided is true and accurate.

_____Yes ___No I/We give permission for First Lutheran School to publish my son/daughter’s written work with only the child’s first name being used to identify the author.

SCHOOL DIRECTORY

_____Yes ___No I / We give permission to include student’s birthday, address and home phone number for publishing in the school directory. *Directory will be available to school parents for classmate information only and will not be distributed for any other purpose.*

MOVIE PERMISSION

_____Yes ___No I/We give permission for my child to watch teacher selected videos with a rating of G or PG (Kindergarten through 5th grade) and up to PG-13 (Grades 6-8). ***Please note that students that do not have permission to watch class videos will be provided with an alternate assignment or activity to work on during the video.**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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