

Harrisonville Schools

Student Media Release Form

The Harrisonville School District is proud of the work and accomplishments of all students and would appreciate the opportunity to share them through various communications, publications, and promotional materials. Your signing of this consent form will give us permission to include your child in these endeavors.

If you have questions please feel free to contact Jill Filer, Director of Communications, at 816.380.2727, ext. 1224 or by e-mail at jill.filer@harrisonvilleschools.org

_____ I give permission for the Harrisonville School District to use the name, likeness, and creative works (photograph, video, electronic images, artwork, and writings) of my child, _____, in printed and electronically published material (including but not limited to television, internet, cable, publications including yearbook) distributed by the school district and media.

_____ I do NOT give permission for the Harrisonville School District to use the name and/or likeness of my child, _____, in print and electronic materials as described above.

- If permission is not given as described above, do you want your child included in the yearbook? _____ YES _____ NO

Field Trip Form

I give my permission for my child to participate in school sponsored field trips, by walking or school sponsored vehicles that would necessitate their leaving school grounds. **I understand that a permission form will not be sent home each time.** I understand that the school will provide supervision and/or school sponsored transportation for the trip. I recognize that no special insurance is provided by the school board but the student accident insurance taken by many pupils and standard liability insurance required for the school buses and commercial carriers will apply to this activity. While participation in a field trip experience, my child will accept responsibility for maintaining good conduct, appearance, and will follow directions at all times.

_____ Yes _____ No

Please sign and return this form to your child's school.

These releases will remain in effect as long as your child is a student in our district or until you change such permission in writing.

SIGNATURE: _____ DATE: _____
PARENT/GUARDIAN

PRINTED NAME: _____
PARENT/GUARDIAN