



**The Carroll School
2009-2010 Participation Permission Release**

Student name: _____

Date of Birth: _____ Grade: _____

Participation in Research:

From time to time The Carroll School participates in research projects to further the school's mission of meeting the educational needs of children diagnosed with primary language learning disabilities. This research may involve The Carroll School faculty and staff or outside expert in the field. In accordance with DOE regulations, parental permission is requested to have any student **considered** for participation in any and all anticipated projects or programs.

Prior to any student participation in research, full disclosure regarding the specific program or project will be made to the parent(s)/guardian of the considered student. At that time, permission specific to the program or project will be obtained.

_____ I give permission for my child to be **considered** for participation in school-supported research
_____ I DO NOT wish my child to be considered for participation in school-supported research

Activity Participation Permission:

I/We give my child permission to participate in *all* school activities, including Bounders, athletic, extracurricular, and trips away from the school premises. I/We understand that we will receive information specific to any and all "Field Trips" sponsored by the school or our child's classroom teacher. I/We understand that all school activities are supervised, carefully planned, and directed by Carroll School personnel. By signing below we agree to waive any claim against The Carroll School and/or its employees or designates for injuries or damages incurred by us, our child, or property while involved in any and all school sponsored activities either on or off the school grounds/property. I/We consent to the provision of emergency medical care by medical personnel, physicians, first aid stations, medical clinics, hospitals, and other health care facilities and personnel, to the student as is deemed necessary in the situation.

___ Yes ___ No

Publications Release:

I/We agree without compensation to permit The Carroll School, its agents, assigns, employees, and students, to use our child's photograph, image, likeness, or audio for the use and benefit of the School in publications, on the website, and other promotional materials.

___ Yes ___ No

I have read and understand the above policies and procedure requirements.

Parent/Guardian signature

Date