



Pryor Public School 2 & 3
P.O. BOX 229
Pryor, MT 59066
Phone 406-259-7329 FAX 406-245-8938

Consent of parent, Legal guardian, or primary caretaker of student
***** Please check items you are consenting to *****

NAME: _____ Date: _____
DOB: _____ Teacher: _____

MEDICAL

_____ Receive first aid and/or medical/dental services in the event of an emergency, illness or injury

_____ Be transported to a clinic or hospital in the event of an emergency

_____ Take prescription medications, property ordered by a physician and labeled by a pharmacist while at school and/or take over-the-counter medications such as Tylenol, Benedryl, Cough Syrup, Ibuprofen, etc. Release must be signed by the parent/guardian.

_____ Receive if offered dental sealants provided by an Indian Health Service Dental Assistant.

_____ Receive if offered Fluoride mouth rinse if administered by an Indian Health Service Dental Assistant

_____ Receive if offered a follow-up eye exam if vision screening results indicate it is necessary.

TRANSPORTATION/FIELD TRIPS/MISC EVENTS

_____ Transport my Students to and from school for all school functions.

_____ Allow my student to participate in all extracurricular activities on or off school grounds including but not limited to athletic contests, enrichment activities and field trips

I understand this authorization remains in effect from school year to school year, as long as my student (s) are enrolled in Pryor Public Schools until I withdraw authorization through written notice.

I also acknowledge that if I am not the legal parent and/or guardian of this student, I have provided notarized permission from their parent/legal guardian to make educational decisions on their behalf.

Signature of Parent or Guardian

DATE