

**PARENT OR GUARDIAN ACKNOWLEDGMENT OF RECEIPT  
OF ANNUAL RIGHTS AND RESPONSIBILITIES NOTIFICATION**

*Detach, sign, and return this page to your child's school.*

By signing below I indicate I have read the attached Notice. My signature does not mean I have consented to my child's participation in any particular program or activity.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

**CONTINUING MEDICATION**

Student's Name: \_\_\_\_\_

Student is on a continuing medication program: (Please check one) YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, by signing below you have my permission to contact student's physician:

Physician's Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF DIRECTORY INFORMATION**

If you do not wish directory information released (page 3), please sign where indicated below and ensure receipt of this form by the school office within the next 30 days. Note: by signing below this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do **NOT** release directory information regarding \_\_\_\_\_  
(Student's Name)

**Check** if an exception may be made to include student information and photos in the yearbook.

Signature of Parent or Guardian: \_\_\_\_\_