

**Princeton Elementary School  
2021-2022 Verification of Receipt & Permissions**

**Student Handbook**

As a parent/guardian of a student at Princeton Elementary School, I have received and agree to comply by the Princeton Elementary School Student Handbook. I will read and discuss them with my child so that my child understands the responsibility he or she has.

**Annual Notification**

I have received the Princeton Joint Unified School District Annual Notification and acknowledge that I have been informed of my rights.

**Internet Safety Policy**

As a parent, I understand that my child will be responsible for abiding by the included policy and guidelines. I will read and discuss them with my child so that my child understands the responsibility he or she has in the use of the network and computer resources of Princeton Joint Unified School District.

**Permissions**

I give my permission for my child to attend **LOCAL** (in town) field trip

I give my permission for my child to be photographed for the school's yearbook and any other media sources.

All adults listed on the Student Demographic Update Information sheet are permitted to take my child from school.

**Authorization for Emergency Medical Treatment**

The undersigned, as parent/legal guardian of \_\_\_\_\_ (print name of student here) a minor, hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Princeton Joint Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

---

Names of Student(s) at Princeton Elementary School

---

Parent Name (Printed)

---

Parent Signature

---

Date