

Student Rights and Responsibilities

**SIGNATURE
FORM
ONLY TO BE USED IF
UNABLE TO ACCESS THE
INTERNET OR
PARENTVUE**

Parents or guardians who are unable to access the Internet to provide permissions and acknowledge receipt of the Student Rights and Responsibilities through ParentVUE may use this form.

Emergency Authorization

In the case of an accident or serious illness involving my child, I request LCPS personnel contact me or my designated emergency contact if I am unable to be reached. Furthermore, in the case of an emergency, I hereby specifically authorize LCPS personnel to call 911 for Emergency Medical Services and I give consent for my child to be transported to a medical facility regardless of my child's age. I agree that I am responsible for paying all fees and expenses incurred for medical services and transportation by EMS. I agree that this permission is effective as long as my child is enrolled in school.

I understand that by checking this box I am providing consent for the above statement.

Media Release and Photographs (check one)

I/We grant permission for my/our child to be photographed or featured in any videotape, television, audio recording, or broadcast that will be produced by and available to the public from LCPS, or (to the extent that access is within LCPS's control during school hours) to the media.

I/We do NOT grant permission for my/our child to be photographed or featured in any videotape, television, audio recording, or broadcast that will be produced by and available to the public from LCPS, or (to the extent that access is within LCPS's control during school hours) to the media.

Check only if applicable:

I/We do NOT grant permission for my child to be photographed for the school yearbook or in a classroom photograph.

Release of Directory Information to Military Recruiters Opt Out

This section is for HIGH SCHOOL STUDENTS ONLY. The *Every Student Succeeds Act* requires school districts to release student names, addresses, and telephone numbers to military recruiters upon their request. The law requires the school district to notify students and parents of their right to opt out of having this information released. This notice is posted each year on the Loudoun County Public Schools website in *Student Rights and Responsibilities*.

~~I/We request that this student's name, address, and telephone number NOT be released to Armed Forces and Military Recruiters or Military Schools.~~

*By providing my signature below, I acknowledge receipt of the
2018-2019 Student Rights and Responsibilities.*

Date _____

Child's Name _____

(Please Print)

Child's School _____ Student ID _____

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____