



Pillar Elementary School
51 Old Road
Livingston, NJ 07039
(973) 740-2353
Fax: (973) 740-8618

GENERAL PERMISSION/CONSENT

Student's Name: _____

FIELD TRIP CONSENT

I give permission for my child to participate in school sponsored walks to stores, restaurants, parks, etc.

I give permission for my child to participate in school trips and be transported by agency sponsored vehicles. I understand that I will be informed of these trips as they are scheduled.

_____ **YES** My child may participate in school related trips.

_____ **NO** My child may **NOT** participate in school related trips.

PHOTOGRAPH CONSENT

Public Relations

I give permission for my child to be photographed for public relations purposes. I agree to allow these photos or films, to be used in newspapers, slide presentations, displays, TV, or any other media the school deems necessary.

_____ **YES** My child's photograph may be used as stated above.

_____ **NO** My child may **NOT** be included as stated above.

In School Photo's only

I give permission for my child to appear in photos or films, to be used for **IN SCHOOL** purposes only. This includes classroom bulletin boards, videos or special events.

_____ **YES** My child's photo may be used as stated above.

_____ **NO** My child's photo may **NOT** be used as stated above.



STUDENT TEACHING

From time to time, colleges and universities place students at the Horizon School for student teaching internships. This may include education, nursing, physical, occupational and speech therapy students. We ask that you child be permitted to participate in this learning process.

_____ **YES** My child may take part in the student teaching program.

_____ **NO** My child may **NOT** take part in the student teaching program.

AQUATIC THERAPY PROGRAM

I hereby give my permission for my child to participate in the Horizon School Aquatic Therapy Program. I understand that the pool activities will be held throughout the school year.

I understand that Cerebral Palsy of North Jersey/Horizon School authorities will take precautions against accidents, personal injuries, loss and/or damage to property, while participating in this activity. However, they are not assuming any legal liability for such occurrences.

_____ **YES** My child may participate in the Horizon School Aquatic Therapy Program.

_____ **NO** My child may **NOT** participate in the Horizon School Aquatic Program.

PET THERAPY/ANIMALS PROGRAMS

During the Pet Therapy program, trained and/or certified animals visit to interact with students. Some of the animals that visit our school may include but are not limited to horses, goats, dogs, rabbits, reptiles, etc.

If your child has any known animal/allergies, please specify:

_____ **YES** My child may participate in the Horizon School Pet Therapy Program.

_____ **NO** My child may **NOT** participate in the Horizon School Pet Therapy Program.

This consent is for the duration of your child’s enrollment at Horizon School. If you’d like to make a change to the consents, please inform the main office in writing. Thank you.

Parent/Guardian: _____ **Date:** _____