

CARDINAL CUSHING CENTERS, INC.
Hanover, Massachusetts 02339

General Permission Form

This form will be completed for each student upon admission and on an annual basis thereafter. It would not be possible to cover all situations in one permission form; however, the following covers numerous situations that require the signature of a parent or guardian. It may be necessary, when appropriate, to obtain special permission (such as participation in a voluntary research study) for special occasions/needs as they arise.

I give permission for _____ DOB: _____ to:
(Student's Name)

(Please circle one.)

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|--|-----|----|
| 1. Attend field trips, under staff supervision, that would require off-campus travel within Massachusetts; | Yes | No |
| 2. Have photographs taken that may be used as follows: | | |
| a. | Yes | No |
| b. | Yes | No |
| c. | Yes | No |
| d. | Yes | No |
| e. | Yes | No |
| to describe programs, | | |
| to recognize | | |
| for Massachusetts | | |
| for public relations/fund- | | |
| raising purposes, including brochures, | | |
| newspapers, television, for the organization's web site and for other. | | |
| media purposes. | | |
| for the Yearbook. | Yes | No |
| Photographs will be used in a sensitive and positive educational manner; | | |
| 3. Be included in video recordings that may be prepared for in-service training, orientation, and/or parent communication; | Yes | No |
| 4. Participate in a supervised diet/nutrition program, if appropriate; | Yes | No |
| 5. Participate in athletic activities, including, but not limited to, the Special Olympics; | Yes | No |
| 6. Participate in Human Development/Sexual Education class or counseling; | Yes | No |
| 7. Be tested by school personnel to assess educational/behavioral progress, including participation in the Massachusetts Comprehensive Assessment System. | Yes | No |
| 8. Be evaluated as is deemed appropriate, including hearing, vision, speech-language, occupational therapy, physical therapy, three-year evaluation testing and other clinical/health-related evaluations. | Yes | No |
| 9. Other: _____ | Yes | No |
| _____ | | |
| _____ | | |
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Parent/Guardian

Date

Please print name

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