



**STUDENT REQUEST FOR TEXTBOOK LOAN**

I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975. Tonica Community Consolidated Grade School #79 in Tonica, Illinois, LaSalle County. Student is responsible for damage and/or lost books.

\_\_\_\_\_  
Initials

**STUDENT DISCIPLINE CODE/ HANDBOOK RECEIPT**

I have received a copy of the Tonica School District #79 discipline code/ Handbook. I further acknowledge that, upon written or oral request, the administration will make itself available to clarify or otherwise discuss the discipline code.

\_\_\_\_\_  
Initials

**FIELD TRIP RELEASE**

My son/daughter has my permission to attend all Tonica Grade School sponsored field trips for the school year. I am responsible for calling and notifying the school if I choose for my child **NOT** to attend a particular trip.

\_\_\_\_\_  
Initials

**PERMISSION TO PHOTOGRAPH OR VIDEOTAPE STUDENT**

I grant consent to Tonica Grade School District #79 to identify a picture of my child or ward, by full name, in any school sponsored material, publication, videotape, or website. This consent is valid for the entire time my child or ward is enrolled in Tonica Grade School. I may revoke this consent at any time by notifying the Superintendent.

\_\_\_\_\_  
Initials

**TRANSPORTATION – AFTER A BUS ACCIDENT**

In the event of a school bus accident, the Emergency Medical Services (EMS) personnel will determine by the seriousness of the accident and injury if a person should be transported to an appropriate hospital. The School District shall abide by the judgment of the appropriate EMS personnel. In the event (EMS) personnel determine that at least one passenger has a significant injury and must be transferred to an appropriate hospital, I want my child also transported to the hospital as stated on reverse page.

This decision is made even though the EMS personnel determined that my child was not injured and was not to be sent to the hospital. I further agree that my request to send my child will be at my expense and not at the expense of the School District.

(initials) \_\_\_\_\_ Yes, as a precaution, transport my student in all situations  
(initials) \_\_\_\_\_ No, only if deemed injured by EMS

**MEDICAL RELEASE**

I hereby give my consent for the above student to receive any treatment deemed necessary at \_\_\_\_\_ Emergency Room staff for any illness or injury. Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. After emergency treatment, transfer will be responsibility of parent/guardian.

**PARENT/GUARDIAN SIGNATURE**

I have read and understand all of the preceding permission statements.

\_\_\_\_\_  
(Parent or guardian signature)

\_\_\_\_\_  
(Date)