

**THE WOLF SCHOOL  
PERMISSION FORM 2017/2018**

Child's/Student's Name: \_\_\_\_\_

1. The Wolf School uses photos and videos of our students for both internal uses such as school projects and external uses to promote the work of The Wolf School. I understand that these photographs will have no identifying information about my child without my permission.

I give permission for the Wolf School to use photographs/videos in the following way. Please check one:

\_\_\_\_\_ Internal use only (e.g., Wolf Weekly – parent-only e-news, classroom projects, social thinking videos, yearbook)

\_\_\_\_\_ Internal and External use (e.g., Wolf School Website, print materials, promotional videos, Wolf School social media sites)

I am aware that the photographs/videos are the property of the Wolf School and that they will be retained as part of the school's historical records. I release the Wolf School from any liability arising from the photographs/videos made of my child/my family/myself by the school and its designee or by allowing its designee onto its property for the purposes of taking such photographs/videos.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

2. I understand that a part of my child's school program is exposure to community-based settings and carryover of program objectives in those settings. I grant permission to the Wolf School for my child to participate in community trips and regularly scheduled field trips.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

(continued)

**THE WOLF SCHOOL  
PERMISSION FORM  
2017/2018 (continued)**

3. I grant permission to transport my child in the Wolf School staff-operated and owned vehicles when necessary.

\*\*If your child uses a car seat for automobile transportation- I will provide the car seat on an as needed basis.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

4. I give permission for my child to be transported in the Wolf School bus.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

**LOWER SCHOOL FAMILIES ONLY:**

5. The Wolf School has permission for my child to participate in therapeutic horseback riding. I understand that my child will be continuously supervised by at least two adults.

Date: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

*These permissions may be withdrawn or revoked in writing at any time in the future.*