



Permissions 2023-2024

Student Name: _____

Teacher Name: _____

PUBLICITY RELEASE

____ (YES) I GRANT FOR **FIRST NAME ONLY**

____ (YES) I GRANT FOR **PHOTO ONLY** - NO NAME

____ (NO) I DO NOT GRANT

Permission to CTC Academy to use my child's **PHOTO OR VIDEO** for publicity purposes: publications, events, on social media, and in the CTC Academy School Yearbook. If in the future I change my decision regarding this release, I will notify the CTC Academy in writing.

ANIMAL ENCOUNTER RELEASE

____ (YES) I GRANT

____ (NO) I DO NOT GRANT

Permission for my child to participate in **ANIMAL ENCOUNTERS**. If in the future I change my decision regarding this release, I will notify the CTC Academy in writing.

VIDEO RELEASE

____ (YES) I GRANT

____ (NO) I DO NOT GRANT

Permission to CTC Academy to **VIDEOTAPE** my child for program purposes. If in the future I change my decision regarding this release, I will notify the CTC Academy in writing.

WALKING FIELD TRIP RELEASE

____ (YES) I GRANT

____ (NO) I DO NOT GRANT

Permission to CTC Academy for my child to participate in all off-site **WALKING FIELD TRIPS**. If in the future I change my decision regarding this release, I will notify the CTC Academy in writing.

TASTING AND TOOTH BRUSHING

____ (YES) ____ (NO) Permission for my child to participate in **TASTING ACTIVITIES**. If in the future I change my decision regarding this release, I will notify the CTC Academy in writing.

____ (YES) ____ (NO) Permission for my child to participate in **TOOTH BRUSHING**. If in the future I change my decision regarding this release, I will notify the CTC Academy in writing.

ALERT NOTIFICATIONS - The CTC Academy maintains an alert/notification system to provide families with vital information regarding school closings, emergencies, or community announcements. Please provide the appropriate contact(s) information below for **Emergency Call, Email and Text Message Alerts**:

Parent/Guardian Name: _____

Parent/Guardian Name: _____

(____) _____ HOME / CELL

(____) _____ HOME / CELL

EMAIL: _____

EMAIL: _____

For text alerts, please indicate mobile provider: _____

****Please inform CTC if you change carriers.**

PLEASE RETURN COMPLETED FORM TO THE CAMPUS HEALTH OFFICE