



# CABRILLO UNIFIED SCHOOL DISTRICT

498 Kelly Avenue . Half Moon Bay CA 94019 . 650-712-7100 . Fax 650-726-0279 . [www.cabrillo.k12.ca.us](http://www.cabrillo.k12.ca.us)

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## GENERAL PERMISSION FORM

School: \_\_\_\_\_ Teacher / Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

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### Media Release

Students are occasionally photographed and interviewed when participating in school activities. These photographs and quotes may appear in such publications as the *Half Moon Bay Review*, the *San Mateo County Times*, and the Cabrillo Education Foundation news releases and annual reports, as well as other publications. In addition, students may be videotaped when participating in school activities. Occasionally these videotapes may be distributed in some manner to members of the general public, such as being shown on cable TV.

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### Directory Release

Student contact information, including name, address, email and phone number may be included in school or class directories.

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### Health Screenings

Individual vision, hearing, dental and/or scoliosis screenings are provided per state mandated regulations.

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### Walking Field Trips

Occasionally teachers may take students on walking field trips during the school year.

I acknowledge that I have been informed of the aforementioned media release, directory release, health screenings, and walking field trips.

I understand that I must notify the school office in writing if I do not want my child to participate in one or more of these activities.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_