



EIGHT MILE SCHOOL DISTRICT 6

FAMILY AUTHORIZATION FORM

2023 - 2024 School Year

One per family unless authorization changes per child

Name of Child(ren) authorization applies to

☐ Yes ☐ No As parent/guardian of the above listed student(s), I hereby authorize Eight Mile School to allow my student to participate in all field trips during the 2023 - 2024 school year.

☐ Yes ☐ No As parent/guardian of the above listed student(s), I hereby authorize Eight Mile School to allow my student to have their photograph taken, and published in the yearbook, on the website, and Facebook page during the 2023 - 2024 school year.

☐ Yes ☐ No As parent/guardian of the above listed student(s), I hereby authorize Eight Mile School to call emergency services, at my expense, if I cannot be reached. I also authorize emergency services/hospital staff to provide treatment as deemed necessary for the well-being of my child.

Parent/Guardian Signature _____

Date _____