

# ***CONSENT FORM***

Please Note: One consent form is sufficient to cover K3 to Grade 8 attending A.M.B.E. Schools

## **Community Health Nurses**

I give permission to the Community Health Nurses to have access to information that is provided on the Student Information Sheet and to obtain a copy of my child's immunization records.

I also consent for the following: Vision  
Hearing  
Rapid School inspection for skin conditions

Yes ☐ No ☐

## **Local Field Trip Consent**

My child has permission to go on **LOCAL** field trips off the school premises during the school year.

Yes ☐ No ☐

## **Video/Picture Taking**

From time to time we take pictures and/or conduct video recordings during school projects/events. We would like your permission to use these pictures and videos on our AMBE/school website and Facebook page.

I give you permission to use photos and video recordings of my child on the AMBE/school website and Facebook page.

Yes ☐ No ☐

Name of Student \_\_\_\_\_

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

**\*\*A typed digital name is considered a legal signature**

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