



Hillman Community Schools CONSENT AGREEMENT

Student Name: _____ DOB: _____ Grade: _____

As parent/legal guardian of the above named student, I AGREE to the following:

(please initial the boxes)

- ☐ I hereby give permission to Hillman Community Schools to secure emergency medical and/or emergency surgical treatment for the minor child named on this document while in the care of the school.
- ☐ I grant Hillman Community Schools permission to take photographs of my child and publish them in print and/or electronically. **If not, complete the [Photo Opt-Out Form](#).**
- ☐ I acknowledge that the Concussion Fact Sheet for Parents is provided at this link:
https://www.cdc.gov/heads-up/media/pdfs/schools/tbi_factsheets_parents-508-a.pdf?CDC_AAref_Val=https://www.cdc.gov/headsup/pdfs/schools/TBI_factsheets_PARENTS-508-a.pdf
- ☐ I authorize Hillman Community Schools to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.
- ☐ Hillman Community Schools may release "Directory Information" regarding my child in certain school publications and to companies with legitimate school district business, such as yearbook publication, school pictures, class rings, local radio stations and news media announcements including the school Facebook page. **If not, complete [Directory Opt-Out Form](#).**
- ☐ I am the parent/legal guardian of the above named student. I acknowledge that the Code of Conduct for Students is available in the parent/student handbook at https://www.hillmanschools.com/downloads/elementary/2025-2026_elem_student_handbook.pdf and it is my responsibility to discuss it with my child.
- ☐ I acknowledge that the Hillman Community Schools current Student Technology Acceptable Use and Safety policy (po7540.03) is available at <https://go.boarddocs.com/mi/hillma/Board.nsf/Public?open&id=policies#> and understand that my student is required to follow all guidelines set forth in the policy and agree to the terms and conditions as outlined in this policy and the parent/student handbook.

I hereby acknowledge that the information provided on this form is true and accurate. I understand that it is my responsibility to notify the appropriate school office if and when any of the information changes.

Parent/Guardian Signature

Date