TO THE PARENT OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 years while participating in a Nicolet College activity, it is our policy to secure your consent for the following circumstances:

• **PERMISSION TO ENROLL**
  All students under the age of 18 years must have written permission from a parent or legal guardian in order to register and participate in a Nicolet College activity.

• **MEDICINE DISTRIBUTION/MEDICAL DEVICES**
  All prescription medications must be in original packaging and labeled with the student’s name, doctor’s name and phone number, medication name, and dosage, and will be administered by Nicolet College staff. However, if you would like your student to be responsible for carrying and administering a limited amount of medication for life threatening conditions (i.e. bee sting kits, inhalers, etc.), please indicate below.

• **EMERGENCY MEDICAL TREATMENT**
  By signing below you are giving your consent in advance for your student to receive medical treatment in case of illness or injury at an appropriate medical facility.

• **PHOTO CONSENT**
  Nicolet College may take photographs or video of participants and activities. Nicolet will own all such photographs/video and may use them for promotion of college sponsored youth activities. You relinquish all rights that you may claim in relation to the use of the photographs.

  Please initial here, _______, if you do not give permission for your child’s image to be used in promotional pieces by Nicolet College.

  I give my permission for my son/daughter to enroll in the following class at Nicolet College.

  Class Name: _________________________________ Date of Class: ______________

  Parent/Legal Guardian Signature ________________________________

  Printed Name ________________________________________________

  Child’s Name ________________________________________________

  Date ____________________________ Phone __________________________

  Emergency Contact Name and Phone ________________________________________________

  My student will be carrying and is allowed to self-administer the following medication:

  __________________________________________________________________________

  Authorization for student pick-up by adult other than parent/guardian.
  (If not using a bussing option when available.)

  I authorize ________________________________ to pick up my child from class on the following days:

  __________________________________________________________________________

Children will only be released to parents, guardians, or the individual indicated above. Please come to the designated classroom at the end of each day’s session. Students must be picked up in a timely manner.