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**AUTHORIZATION FORM 2019-2020**

Please read carefully, circle *YES* and initial each section before signing at the bottom and returning the form to the school.

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| I am aware that to maintain a safe environment for all Riverside Regional High School students, the school administration must be aware if my child regularly takes medication during school hours and/or extracurricular activities. | YES | \_\_\_\_\_\_\_\_\_INITIALS |
|  |  |  |  |
| I am aware that the administration of all medication is the responsibility of my child unless prior arrangements have been made with the school administration. | YES | \_\_\_\_\_\_\_\_\_INITIALS |
|  |  |  |  |
| I am aware that Riverside Regional High School has a zero-tolerance policy for any form of intimidation and/or bullying involving any member of the RRHS student body or staff. I am also aware that all situations of this nature will be dealt with on a case by case basis with the individuals involved, the behavior technician, the school administration, and the police if necessary. | YES | \_\_\_\_\_\_\_\_\_INITIALS |
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| I understand that my child may occasionally leave the school during lunch and/or recess and that student supervision is limited to Riverside Regional High School property. | YES | \_\_\_\_\_\_\_\_\_INITIALS |
|  |  |  |
| I have read and discussed the *School Expectations* section of the RRHS student agenda with my child. | YES | \_\_\_\_\_\_\_\_\_INITIALS |
|  |  |  |  |
| NAME OF CHILD:  | LEVEL: |
|  |  |  |  |
| PARENT’S/GUARDIAN’S SIGNATURE: | DATE: |