

Stockton Accelerated Institute of Learning  
116 West Willow  
Stockton Ca 95202  
Phone: 209 - 425 - 2770  
[www.Learnatsail.com](http://www.Learnatsail.com)

**Childs Name:** \_\_\_\_\_

### **TRIP CONSENT**

I hereby grant my permission for my child to leave school grounds. I grant S.A.I.L., permission to approve such transportation methods back and forth between the school and the location of the trip. I understand that my child will be in a seat belt and that the car driver will be properly insured if a car is used. This will only be allowed and used when it is in the best interest of the student and we are unable to contact an authorized person for the child.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **PHOTOGRAPHS**

I hereby grant permission for my child to be photographed by the staff at S.A.I.L. for the following purposes:

\_\_\_\_\_ School Activities \_\_\_\_\_ School Publications \_\_\_\_\_ SAIL Website

I understand that no photographs of my child will be released to the media without my written consent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AUTHORIZATION FOR SUNSCREEN AND FIRST AID**

I authorize S.A.I.L. School to administer the following non-prescription medication to the above named child when necessary:

\_\_\_\_\_ Sunscreen \_\_\_\_\_ First Aid Measures \_\_\_\_\_ Special Meds with Note

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_