

# Castro Valley Unified School District

## ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF 2009-2010 RIGHTS NOTIFICATION

*Complete, sign, and return this page to your child's school indicating that you have been notified of the specified activities and whether you have a child on continuing medication.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: Vannoy Elementary School

I hereby acknowledge receipt of information regarding my rights, responsibilities, and protections.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

1. Student is on a continuing medication program: Please circle one:    Yes    No

If YES, you have my permission to contact student's physician"

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

2. If you do not wish directory information released (see page 2 of the 2009-2010 CVUSD Notice to Parents), please sign where indicated below and ensure receipt on this form by the school office within the next 30 days. Note that this will prohibit the district from providing the student's name and other information to the news media, interested schools, parent-teacher associations, interested employers, and similar parties.

Do NOT release directory information regarding \_\_\_\_\_.  
PUPIL'S NAME

\_\_\_ Check if an exception may be made to include student information and photos in the yearbook.

Signature of parent or Guardian: \_\_\_\_\_