**PARENT**

**RECEIPT OF INFORMATION:**

* Information to Parents Document
* Policy on the Release of Children
* Policy on Methods of Parental Notification

(Applicable only if a method other than a phone call is used to notify parents of an injury to a child’s head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

* Policy on Communicable Disease Management
* Expulsion Policy
* Policy on the Use of Technology and Social Media

*I have read and received a copy of the information/policies listed above.*

Child(ren)’s Name:

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Parent/Guardian’s Name:

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Signature Date