

**ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF ANNUAL RIGHTS NOTIFICATION**

**Detach, sign, and return this page to your child's school indicating you have received the Parent Notice of Rights and Responsibilities. Also, where specified on this page, indicate whether you have a child on continuing medication and if you do NOT wish directory information to be released.**

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student is on a continuing medication program: (Please check one) YES \_\_\_ NO \_\_\_

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

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

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

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

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Lakeport Unified School District occasionally has the opportunity to highlight the accomplishments of our students or programs via newspapers and/or television broadcasts. We may photograph or videotape your child, during school events, for this publicity. In addition, we may use photographs or videos on our web pages, in LUSD brochures or print publications, and on social media (Facebook, Instagram and Twitter).

Please sign below only if you do NOT want your child included in photos/videos or if you do NOT want his/her photo on the Internet (LUSD websites, social media, etc).

\_\_\_\_\_ Please do NOT photograph or videotape my son/daughter (except for ID/yearbook portrait).

\_\_\_\_\_ Please do NOT use photographs or videos of my son/daughter on the Internet.

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Date

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

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