

**State of Illinois
Department of Human Services * Office of Rehabilitation Services
ILLINOIS SCHOOL FOR THE DEAF**

Email: Sheila.Stephens@illinois.gov

MEDICAL CONSENT OF PARENT OR GUARDIAN

I, the parent (or guardian) of _____ whose birth date is _____ do hereby give my consent to all medical, surgical, and hospital care, which may be necessary while my child is under the care and supervision of the Illinois Department of Human Services. I will be responsible for costs of medical care other than routine Health Center services provided by the school.

Parent/Guardian Signature

Date

Signature of student

Date

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PARENT CONSENT REGARDING STUDENT ACTIVITIES

Student's Name: _____

I hereby give my consent to the Illinois School for the Deaf for my child to have his/her picture taken for the purpose of publication/instruction (including television/video tapes or motion pictures).

Yes No

The Taking and Using of Students' Photographs

89 Ill. Adm. Code: 830.10a. Department of Rehabilitation Services employees will not be permitted to take or use a photograph of a student which would demean or embarrass the student or would not be considered by reasonable viewers to represent the student in a positive or favorable manner. Photographs of a student will only be taken or used by a DORS employee when the permission of the student's parent/guardian, or the student has been obtained. b. The superintendent or designee shall not authorize any person(s) not employed by ORS to photograph a student on campus, nor will the school provide a photograph to such a person(s) unless the superintendent or designee knows the purpose for which the picture will be used and has assurance that the person(s) will observe the standards as set forth in subsection a. Insofar as possible, photographs of a student will only be taken or used when the permission of the student's parent or guardian, or the student (when the student is over 18) has been obtained.

Parent/Guardian Signature

Date

Signature of Student