



Parent / Guardian Authorization & Acknowledgment (2026 – 2027)

Student Name

Birthdate

Parent / Guardian Authorization & Acknowledgement

I, as the parent/guardian of the above identified student, acknowledge by my signature below that I have read and understand all the policies and procedures in the Walsh Academy Parent/Student Handbook. Furthermore, my signature below acknowledges that I have personally authorized (mark below) all required consents, policies and/or releases and provided the required information on my student to the best of my knowledge. I understand that I accept my important role in educating my student at the Walsh Academy, including my responsibility to update Walsh Academy faculty with any changes to the information included in any/all of the below identified documents.

I understand I have the right to revoke this, or any, authorization in writing at any time. I understand that this authorization is limited only to the information contained in the documents listed below. I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I understand that my refusal to consent to the below identified documents will prevent the full participation of my student in the Walsh Academy and will have potential consequences likely to impede the enrollment and maximum provision of services to my student. All aforementioned consents are valid until one (1) year after the date of parent/guardian signature. Please identify the completed and returned below documents.

Walsh Academy Required Consents and Acknowledgments

- ☐ Emergency Medical Treatment
- ☐ Student Health Questionnaire
- ☐ Medication Administration Authorizations
(3 forms)
- ☐ Release of Information
- ☐ Physical Management
- ☐ CTE Safety Contract
- ☐ Pet Therapy & Photo Release

Other Walsh Academy Consents and Acknowledgments

- ☐ Allergy Action Plan
- ☐ Asthma Action Plan
- ☐ Seizure Action Plan
- ☐ CAAEL Media Release
- ☐ Parent Consent For Agency Invitation to IEP Meeting

Student Authorization & Acknowledgment

I, as the above identified student, acknowledge by my signature below that I have read and understand all the policies and procedures in the Walsh Academy Parent/Student Handbook. Furthermore, my signature acknowledges that I agree to comply with any/all policies, procedures and expectations contained within the Parent/Student Handbook or above identified documents. I understand that I am responsible for my actions and the consequences, both positive and negative, resulting from my decisions.

Student (Print Name)

Signature

Date

Parent / Guardian (Print Name)

Signature

Date