



# BISHOP IRETON HIGH SCHOOL

*Advance always in Christ through the legacy  
of the gentle saint, Francis de Sales*

## 2019 BISHOP IRETON HACKATHON PERMISSION FORM

### **Bishop Ireton Hackathon Guest Form for Non-Bishop Ireton Student**

Dear Administrator,

The student named below has been invited to attend the Bishop Ireton Hackathon at Bishop Ireton High School on December 7-8, 2019. In order for this student to be registered for the event, we ask that you confirm that the student has no serious disciplinary violations on record with your school. All guests must be high school age, but no older than 19 years of age. All guests are expected to follow the rules outlined in our student handbook.

***Forms should be returned directly to Bishop Ireton High School by Monday, December 2.*** Contact information is listed below. All comments are confidential.

Thank you for helping us to provide a safe and enjoyable experience for all students attending the Hackathon.

\_\_\_\_\_ Initial here if you DO NOT authorize Bishop Ireton High School to use and publish your child's photography, video, and/or audio recording for marketing purposes related to future Hackathons.

#### **To be completed by the visiting student and their parent/guardian:**

Student Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Guest's School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Guest Signature: \_\_\_\_\_

**To be completed by the school official:** The above named student has no serious disciplinary violations on record, and should be considered a student in good standing.

\_\_\_\_\_  
Name of School Official

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments:

#### **Please return form to:**

**Bishop Ireton High School  
Attn: Mary Jordan  
201 Cambridge Rd,  
Alexandria, VA 22314  
Fax: (703) 212 8173  
Jordanm@bishopireton.org**

PARENT PERMISSION FORM FOR SCHOOL-SPONSORED TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Bishop Ireton School. A brief description of the activity follows:

Curriculum Goal: Enrich Collaborative Programming SkillsDestination: Bishop Ireton High SchoolDesignated Supervisor of Activity: Mrs. KellyDate and Time of Departure: 10:00 December 7, 2019Date and Anticipated Time of Return: 12:00 December 8, 2019Method of Transportation: Individual Participation Student Cost: N/A

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. Please be advised that parents retain the right to "opt out of any field trip planned for their children. It should also be understood, in light of world conditions and specifically, threats of terrorism to Americans, it may be necessary to cancel any school-sponsored trip due to world and national developments. If further restrictions are imposed, the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

1. Is your child required to take any medication during the field trip? \_\_\_\_\_ (Y or N)
2. If so, what medication? \_\_\_\_\_
3. Do you request the designated supervisor of activity to administer the medication stated above on this field trip? \_\_\_\_\_ (Y or N)
4. Do you wish your child to take his/her inhaler \_\_\_\_\_ or Epi-pen \_\_\_\_\_ or Glucagon Emergency Kit ) \_\_\_\_\_ on the trip?
5. I give my permission for an adult to administer Advil or Tylenol for headache or pain. State medication, strength and dose here \_\_\_\_\_.

I hereby request that my child, \_\_\_\_\_, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any school-sponsored trip due to world and national developments and the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

\_\_\_\_\_  
Parent's Name (Please Print)\_\_\_\_\_  
Home Phone #\_\_\_\_\_  
Work Phone #\_\_\_\_\_  
Parent's Signature

I accept responsibility for my behavior:

\_\_\_\_\_  
Signature of Student\_\_\_\_\_  
Emergency Contact Person (Please Print)\_\_\_\_\_  
Emergency Ph #\_\_\_\_\_  
Student's Current Medical Problem\_\_\_\_\_  
Name of Physician\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Insurance Company\_\_\_\_\_  
ID #\_\_\_\_\_  
Allergy to Medications\_\_\_\_\_  
Allergies

Chaperones should take a copy of this form on the school-sponsored trip.

Rev. 4/2017

