

# BISHOP IRETON HIGH SCHOOL

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

### 2018 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 November 3<sup>rd</sup>, 2018. 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, October 29<sup>th</sup>. 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.

#### 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 Na	ame:	Grade:	
Guest Signature:			
-	<b>by the school official:</b> The above no nsidered a student in good standing		plinary violations on record,
	Name of School Official	Position	
	Signature	 Date	
Comments:			Please return form to: Bishop Ireton High Schoo

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 a building. This activity will take place under the guidance and supervi—School. A brief description	ision of employees from
Curriculum Goal: Enrich Collaborative Programming Skills	
Destination: Bishop Ireton High School	
Designated Supervisor of Activity: Mrs. Kelly	
Date and Time of Departure: 10:00 November 3, 2018	
Date and Anticipated Time of Return: 12:00 November 4, 2018	
Method of Transportation: Individual Participation	_Student Cost: N/A
If you would like your child to participate in this event, please complet legal guardian, you remain fully responsible for any legal responsibilistudent. Please be advised that parents retain the right to "opt out of a in light of world conditions and specifically, threats of terrorism to Ar due to world and national developments. If further restrictions are impronies advanced for these planned trips.	lity which may result from any personal actions taken by the named any field trip planned for their children. It should also be understood mericans, it may be necessary to cancel any school-sponsored trip
<ol> <li>Is your child required to take any medication during the field trip?</li> <li>If so, what medication?</li> <li>Do you request the designated supervisor of activity to administed.</li> <li>Do you wish your child to take his/her inhaler or Epi-pen</li> <li>I give my permission for an adult to administer Advil or Tylenol for here</li> <li>I hereby request that my child, understand that this event will take place away from the school groun school employee on the stated dates. I further consent to the condition of transportation. If I cannot be contacted in an emergency, the school nearest hospital and I hereby authorize its medical staff to provide tre child. I understand it may be necessary to cancel any school-school/Diocese will not be responsible for the loss of any monies adverse.</li> </ol>	ter the medication stated above on this field trip?(Y or N) or Glucagon Emergency Kit )on the trip? for headache or pain. State medication, strength and dose, be allowed to participate in the event described above. Indeed and that my child will be under the supervision of the designated ions stated above on participation in this event, including the method only has my permission to take my child to the emergency room of the deatment which a physician deems necessary for the well-being of my sponsored trip due to world and national developments and the
Parent's Name (Please Print) Home P	Phone # Work Phone #
Parent's Signature	I accept responsibility for my behavior:
· · · · · · · · · · · · · · · · · · ·	Signature of Student
Emergency Contact Person (Please Print)	· ·
Student's Current Medical Problem	
Name of Physician	
Insurance Company ID #	
Allergy to Medications	
Allergies	



# Permission for Emergency Care Appendix F-1

To be completed and signed annually by a parent/guardian

Legal Name: Last		First		Middle	
Nickname		_ Sex 🗌 Male	☐ Female	Date of Birth (mm/dd/yyy	ry)//
Home Address	et)				
				(State)	(Zip)
Home Phone	Email for official so	chool communicat	ion		
Name(s) of any sibling	g(s) at school			Grade(s)/Room	
Student lives with (app	plicable custody paperwork	k must be attache	d):		
	Mother/Female Guardian	ı	Fat	her/Male Guardian	
Full Name	-				
Maiden Name					
Home Address					
Home City/State/Zip					
Home Phone					
Home Email					
Cell Phone	-				
Work Phone	-				
Work Email	-				
Work Address					
Occupation					
Employer					
Marital Status (Circle)	Married Separated D	ivorced*	Mai	rried Separated Divorce	ed*
	Widowed Single Re	married	Wic	dowed Single Remarrie	ed
	*Appropriate custody pape	rwork MUST be atta	ched. *Ap	propriate custody paperwork	MUST be attached.
Persons NOT authorize	ed to pick up the student from	n school:			
Name			F	Relationship	
<b>Emergency Contacts:</b>	In the event a parent/guard	ian cannot be read	ched, you must	give the name, address and	
two persons who could	collect the student from sch	ool in a timely mar	nner.		
1)	(Address	, City, State, Zip)		(Phone)	(Relationship)
2)	(Address	, Oily, State, Zip)		(i none)	(Nelationship)
(Name)	(Address	, City, State, Zip)		(Phone)	(Relationship)
Student's Doctor		Phone#			
Outstanding Medical Hi	istory				
	istory				
Allergies					
		Date of Last Tetanus Shot			
Insurance Company				Policy #	
communicable diseasinjured child in a time my child. Additionally	se. I agree to notify the school manner when contacted.  y, if I cannot be contacted in nospital and I hereby author	ool immediately if the If I cannot be react an emergency, the	ne disease is lithed, the above school has m	ediate household has develoned threatening. I agree to pick the emergency contacts can be be y permission to take my child the atment, when a physician de	k up my sick or e called to pick up d to the emergency
I certify that the information	mation provided in this docu	ment is true and a	ccurate to the b	pest of my knowledge.	
Printed Name of Pare	ent/Guardian	Signature of Pa	rent/Guardia	<u> </u>	// Date
Tantou Humo of Fan	ong Juaraian	Signature of Fa	. On Godina	•	Date