



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 3rd, 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 29th. 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 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 _____ 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 November 3, 2018Date and Anticipated Time of Return: 12:00 November 4, 2018Method 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

