



BISHOP IRETON HIGH SCHOOL

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, 2019, as well as December 8, 2019 if the student is in high school. In order for this student to be registered for the event, we ask that you confirm this student has no serious disciplinary violations on record with your school. All guests in high school must be high school age, but no older than 19 years of age. All guests in middle school must be in eighth grade. All guests are expected to follow the rules outlined in our student handbook and at hackbi.org/conduct.

Forms should be submitted online at HackBI.org or turned in the day of the event (December 7, 2019).

To be completed by the visiting student and their parent/guardian: By signing this document, you give permission for photos of the visiting student to be used on the HackBI.org website and other promotional material for HackBI.

Student Name: _____ Home Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student's Address: _____

Student's School Name: _____ Grade: _____

Student's 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:

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

