



Member Application 2013-2014

Name	<input type="text"/>	Email	<input type="text"/>	Graduating Class of	<input type="text"/>
Cluster	<input type="text"/>	Phone	<input type="text"/>		
Parent Email	<input type="text"/>	Parent Phone	<input type="text"/>		
Departments	<input type="checkbox"/> SCIENCE <input type="checkbox"/> TECHNOLOGY <input type="checkbox"/> ENGINEERING <input type="checkbox"/> MATH <input type="checkbox"/> OUTREACH <input type="checkbox"/> DESIGN				

Anaheim Union High School District Appendix 7903.11A

PARENTAL & MEDICAL AUTHORIZATION FOR MINOR/STUDENT PARTICIPATION IN DISTRICT-APPROVED SCHOOL ACTIVITY

_____ has my permission to participate in any and all voluntary activities coordinated by Oxford Academy STEM, should he or she choose to do so.
(print student name)

As stated on California Education Code Section 35330, I understand that I hold the Anaheim Union High School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her guardian.

In the even of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital of facility furnishing medical or dental services.

- Medications (check one):
- ☐ My child takes no medications.
 - ☐ My child will be taking prescription or over the counter-medication while on the field trip. Appendix 7903.11B (Parent Request for Administration of Medication Prescription and Non-Prescription) has been completed and is attached.
 - ☐ A description of any medical problem is attached.

In the event I am not available in an emergency, please notify:

Name	Address	Phone
My child's doctor is _____		
Doctor's Address	Dr.'s Phone	
Medical Insurance Carrier	Policy No.	
Student's Address	Student's Date of Birth	

Terms and Conditions

By signing this application I hereby certify that I have read the Oxford Academy STEM Manual (located at <http://oastem.org/manual>, hard copy available upon request) and agree to the policies set forth therein. I understand that Oxford Academy STEM is a considerable time commitment and agree to prioritize my or my student's responsibilities at Oxford Academy STEM and agree to support the mission of Oxford Academy STEM to the best of my capabilities, up to and including volunteering time or resources for Oxford Academy STEM if possible.

<input type="text"/>	<input type="text"/>
STUDENT SIGNATURE	PARENT SIGNATURE
DATE	DATE