

PARENT PERMISSION FORM FOR SCHOOL-SPONSORED EVENT

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity on our campus. This activity will take place under the guidance and supervision of employees from Bishop Ireton High School. A brief description of the activity follows:

Curriculum Goal: To host an event for people to learn code or get better at code through friendly competition

Destination: Bishop Ireton High School Cafeteria

Designated Supervisor of Activity: Mrs. Kelly

Date and Time of start of event: May 6, 2017 9:00 am

Date and Time of end of event: May 6, 2017 9:00 pm

Student Cost: \$22

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 event 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 events.

1. Is your child required to take any medication during the event? _____ (Y or N)
2. If so, what medication? _____
3. Do you request the designated supervisor of activity to administer the medication stated above at this event? _____ (Y or N)
4. Do you wish your child to take his/her inhaler _____ or Epi-pen _____ or Glucagon Emergency Kit) _____ at the event?
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 on 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 event 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 event.

Rev. 4/2017