

ACTIVITY PERMISSION/EMERGENCY CONSENT FORM

I hereby give my permission for _____ DOB _____

who attends Camas School District to participate in the ASB Activity Knowledge Bowl, from October 2017 through to potentially March or early April 2018. There will be a combination of both home and away meets whereby students will be transported by Camas School District buses/vans to the meet sites.

Student responsible for their own meals (if necessary): YES NO _____

A. Emergency Contact:

Parent/Guardian name and daytime contact Phone #1 _____ Phone #2 _____

Student's Address _____

Healthcare Provider name/clinic _____ Phone# _____

B. Health Information:

Briefly describe any health information, (such as diabetes, heart condition, asthma, epilepsy, physical restrictions, or allergies) along with any medication allergies (which could interfere with the student's safety in these activities or may be shared with medical personnel if emergency services are needed).

NONE _____

YES (explain) _____

C. Medication Information:

If a prescription medication is needed and not routinely given at school an *Authorization for Administration of Medication* form must be completed by your student's health care provider and yourself and returned to the school nurse before your student will be allowed to attend the field trip. This form can be printed off from the Camas School District website at <http://www.camas.wednet.edu/student-health-notice-and-forms/>

No, prescription medication is not needed for this activity _____ Yes, my student needs the following prescription medication:

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

Student Signature

Date _____

Informed Consent

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Parent/Guardian

Signature _____ **Date** _____

Attention Staff Member: If a student has a health condition listed in section B or has checked that medication is needed in section C. This form must be turned in to the school nurse for review 5 school days prior to the scheduled field trip. If the necessary paperwork is not completed this student may not be allowed to attend the field trip.