

PERMISSION AND AUTHORIZATION FOR EMERGENCY TRANSPORTATION AND TREATMENT

Student's name _____
Last
First
Middle initial

Home address _____
Number/Street
City/Town
ST
Zip

Date of birth _____ Age _____ Gender _____ Phone _____

Name of Parent/Guardian	Area Code	Telephone #	City/Town	State	Zip

I do **do not** Authorize my student to participate in this field trip.

I do **do not** authorize school personnel to transport my son/daughter to a physician's office and/ or emergency room in the event that emergency medical care is needed.

I do **do not** Authorize the physical and hospital staff to treat my son/daughter as they deem necessary in the emergency situation.

PERSONAL INFORMATION

1. Name of medical insurance company _____
2. Policy number _____
3. Is your son/daughter taking any medication? Yes No
If so, list medication here: _____
4. Is your son/daughter allergic to anything? Yes No
If so, list here: _____

CODE OF CONDUCT

1. There shall be no defacing of public property. Any damages to any property or furnishings in the hotel rooms or building must be paid for by the individual responsible.
2. Students shall keep their adult advisor informed of their activities and whereabouts at all times.
3. Students will be prompt and prepared for all activities.
4. Students shall be financially prepared for all possibilities.
5. No alcoholic beverages or narcotics in any form shall be possessed or consumed/used by students at any time, under any circumstances.
6. According to state statute, possession or use of tobacco products are prohibited.
7. No student shall leave his or her group (except for authorized events) unless the adult advisor has given permission.
8. Students are required to attend all scheduled meetings and activities, competitive events, etc. To which they have been assigned unless engaged in some specific assigned responsibility taking place at the same time.
9. Students violating or ignoring any of the conduct rules may be sent home immediately at parental expense.

I understand and authorize all of the above information: _____
Signature of parent or guardian