

Native American Community Academy - FIELD TRIP

PERMISSION TO PARTICIPATE/AUTHORIZATION FOR MEDICAL SERVICES

This form is to be filled out completely and returned to the activity sponsor before the student will be allowed to practice, compete, perform or participate in extracurricular or co-curricular activities.

I, the parent/guardian of NACA student, _____, give permission, indicated by the signature at the bottom of this page, for this student to participate in the activity described below.

_____	_____
Brief Description of Activity	Date of Activity
_____ / _____	_____ / _____
Transportation by Bus, Personal Automobile	/ Time of Departure / Time of Return

The parent/guardian recognizes that activities and trips involve some degree of risk and that the school cannot guarantee the safety of participants. Knowing of this risk, the parent/guardian grants permission for the student to participate.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. IF YOUR CHILD HAS SPECIAL MEDICAL NEEDS OR ROUTINELY MUST TAKE MEDICATION, YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM. A copy of this permission form will accompany the activity sponsor.

Students engaged in these activities are serving as representatives of their school and community and are expected to maintain the highest standards of behavior at all times. Students are expected to abide by all the standards of the NACA Student Handbook.

Students who will require prescription medication during the course of the field trip must advise the activity sponsor in advance. A copy of the doctor's medication order or prescription must be on file in the school's office. Special arrangements for transporting student medications may be required.

EMERGENCY CONTACT INFORMATION - PLEASE PRINT CLEARLY

STUDENTS HOME ADDRESS

PARENTS HOME PHONE NUMBER

PARENTS WORK/CELL PHONE NUMBER

_____ / _____

NAME OF OTHER EMERGENCY CONTACT

/

RELATIONSHIP

/

PHONE NUMBER

MEDICATION(S) STUDENT IS TAKING

KNOWN ALLERGIES TO MEDICATION OR FOODS

We agree to the above statements.

PARENTS SIGNATURE

STUDENT S SIGNATURE

DATE

Dear parent/guardian of NACA student, _____,

NACA wishes to avoid difficulties in obtaining medical services for a student who may become ill or injured during school-sponsored activities. As the parent/guardian of a student participating in a school sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, and surgery for your child in case an emergency occurs. You must provide medical direction if no consent is given.

In the event of an illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of the medical services being given. If we are unable to contact you, the activity sponsor will consent to such services for your child by acting in your behalf based on written advance authorization. That authorization is in the consent form below.

Selection of a doctor or hospital will be made on the basis of family preference, if known. If family preference is unknown, the student will be taken to the closest hospital or one consistent with the existing circumstances.

AUTHORIZATION FOR MEDICAL SERVICES

I, the parent/guardian of NACA student, _____, have read the above and hereby designate the sponsor of the activity or field trip to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in school-sponsored activities. I hereby assume financial responsibility for any hospitalization, medical attention, and surgery provided.

1. List medical concerns (including allergies) which sponsor and chaperones need to be aware.

2. Prescription medications, for which an authorization form is on file at school, that need to be taken by or administered to the student while on a field trip or participating in extra curricular co-curricular activities:

3. Prescription medications, for which an authorization form is on file at school, that need to be taken by or administered to the student in emergency:

Parents Signature

Date

Students Signature

Date

LIMITED OR NO MEDICAL SERVICES AUTHORIZED

IF PARTICIPATION IN ACTIVITY OR FIELD TRIP IS PERMITTED BUT MEDICAL SERVICES ARE NOT AUTHORIZED, PLEASE ATTACH A WRITTEN STATEMENT OF PROCEDURES TO BE FOLLOWED IF YOUR CHILD IS INJURED OR ILL DURING THE TRIP.

THIS FORM MUST BE IN THE POSSESSION OF THE SPONSOR AT ALL TIMES DURING ALL TRIPS.