

Seven Generations Charter School

Parent Consent for Extracurricular Activities and Medical Authorization

My child has been invited to participate in Seven Generations Charter School's extracurricular activities program. It is understood that extracurricular refers to those activities taking place before or after regular school hours. These programs may include but are not limited to various programs, sports and clubs. Participation in these activities is voluntary, but I understand that I must give permission before my child can participate. My signature below grants my permission.

My child will be supervised by teachers, administrators and/or volunteer leaders. Every activity has certain unavoidable risks associated with it. While the Charter School cannot enumerate every risk, I am generally familiar with these activities and am therefore in the best position to decide whether my child should participate. The Charter School's Board of Trustees and Administration have approved these activities, but I understand the Charter School cannot and does not guarantee that there will be no injuries or damages as a result of participation.

By signing this form, I agree that my child may participate in the Charter School's extracurricular activities. By signing this form, I also agree to release the Charter School, its Board of Trustees, officers, administrators, employees, representatives, attorneys and volunteers from any and all damages resulting from any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of participation in the activity.

ALL INFORMATION MUST BE COMPLETED.

Date

Parent or Guardian Signature

Print Name(s) of Parent/Guardian

Parent/Guardian Cell Phone: _____

Parent/Guardian Work Phone: _____

Parent/Guardian E-Mail: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

Emergency E-mail: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____

Policy # _____ I.D. # _____

Subscriber's Name: _____

Medications: My child is taking medication at present. My child will bring all such necessary medications, and such medications will be well labeled. Names of medications and concise directions for administering such medications, including dosage and frequency of dosage, are as follows:

I hereby grant permission for non-prescription medications, such as non-aspirin products (acetaminophen or ibuprofen) or throat lozenges, to be given to my child, if deemed appropriate.

Specific Medical Information: The school personnel should be aware of the following medical conditions of my child (reasonable care will be taken to keep the following information confidential):

Allergic reactions: (medications, foods, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

Has child been recently exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and name of disease/condition: _____

Other medical conditions of child: _____