



iSTEM Early College High School Event Permission Slip

ALL INFORMATION IS REQUIRED BEFORE ATTENDING ANY EVENT
SIGNING INDICATES YOU HAVE READ AND AGREE WITH ALL REQUESTS/WAIVERS

My child, _____ has permission to participate in all field trips to be taken by iSTEM Early College High School during the 2018-2019 school year. As parent/guardian I acknowledge the following:

- 1. School officials are authorized to obtain emergency medical treatment for this student, my child, as necessary **Circle YES or NO**
- 2. During this field trip, that the iSTEM School Board will not be liable for injury to this student as a result of negligence, errors, and omissions of others (i.e. charter bus owners and drivers, or amusement park owners or workers), their agents, heirs, employees or assigns either through their action or inaction.
- 3. If your child takes personal belongings on this field trip, he or she will be responsible for them. The iSTEM School Board accepts no responsibility for personal items, such as watches, purses, money, cameras, and wallets, etc. If a student stores personal items in a locker during the field trip, that entity may be responsible for any loss or damage.

I hereby give my consent for emergency medical treatment by certified first aid personnel. In the event that additional treatment is required, I understand the nearest Emergency Room will be the first provider of medical treatment.

Parent/Guardian Signature _____
Date

Parent/Guardian Printed Name

Address

Contact Phone - (where parent/guardian can be reached during event)

This blanket form may be used for trips which are repeated during the school year.

Medical/Health Information

The following is requested in case of any emergency treatment that may be required should your child become ill or injured during the event listed above. This history of allergies and medicines, or other pertinent health issues, is to help the Adult Supervisors and medical personnel determine the best course of action for your child.

Medical Allergies: _____

Food Allergies: _____

Tetanus Shot Date: _____

Conditions that may prevent full participation in the above event: Yes _____ No _____

If yes, explain: _____

Medications to be administered during the event: _____

All medications are to be given to and administered by an Adult Supervisor

Child's Physician Name and Phone #: _____

Waiver of Liability

By signing above, it is understood that not filling the above information out in its entirety is the wish of the signer and that the signer absolves iSTEM Early College High School, its staff and volunteers of any liability involving the medical treatment of the child named above. All charges incurred for medical treatment and/or hospital admissions is the responsibility of the parent/guardian and will be handled directly with the care provider and the signer's insurance company. It is the parent or guardian's responsibility to ensure they have read and agree with all parts of this event permission slip.