

**ALBUQUERQUE PUBLIC SCHOOLS
PERMISSION TO PARTICIPATE/AUTHORIZATION FOR MEDICAL SERVICES**

This form is to be filled out completely and returned to the activities leader (SPONSOR) before the student is allowed to practice, compete, perform, and/or participate in extra-curricular or co-curricular activities.

The parent/guardian of _____, who attends Manzano High School,
STUDENT NAME SCHOOL NAME

gives permission, indicated by signature at the bottom of this page, for this subject to participate in the activity described below.

Band Trips _____ 2008-2009 School Year
BRIEF DESCRIPTION OF ACTIVITY DATE OF ACTIVITY

School-provided transportation _____ Varies _____ Varies
TRANSPORTATION BY: BUS, PERSONAL AUTOMOBILE, OR OTHER / EST. TIME OF DEPARTURE / EST. TIME RETURN

The parent/guardian recognizes that activities and/or trips involve some degree of risk and that the school district can not 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 signature below, the parent/guardian hereby authorizes 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 and staff are expected to display the virtues of respect, citizenship, caring, trustworthiness, fairness and responsibility. These are the six pillars of "Character Counts!" All students who are participating in extra-curricular activities or field trips are expected to practice these qualities both on and off campus. Participation in extra-curricular activities is a privilege offered to, and earned by, students. 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 Albuquerque Public Schools Student Behavior Handbook and the conduct code of their individual school.

Students who will require a 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 nurse's office. Special arrangements for the transporting of student medications may be required.

EMERGENCY CONTACT INFORMATION-PLEASE PRINT CLEARLY

STUDENT HOME ADDRESS

PARENT HOME PHONE NUMBER PARENT WORK 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 statements above.

PARENT SIGNATURE STUDENT SIGNATURE

DATE

RE: MEDICAL SERVICES FOR ILL OR INJURED STUDENTS, OR STUDENTS WHO ROUTINELY MUST TAKE MEDICATIONS OR WHO HAVE MEDICAL CONCERNS THAT MAY REQUIRE TREATMENT, WHILE PARTICIPATING IN SCHOOL SPONSORED ACTIVITIES OR FIELD TRIPS.

Dear parent/guardian of _____,
(Name of Student)

Albuquerque Public Schools wishes to avoid difficulties in obtaining medical services for students 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 direction if no consent is given.**

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of 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 _____, have read the above and
(Name of Student)

hereby designate the sponsor of the field or activity 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 hospitalization, medical attention, and surgery provided.

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

2. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student while on field trip or participating in extracurricular or co-curricular activities

3. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student in an emergency

(Parent Signature)

(Date)

(Student Signature)

(Date)

LIMITED OR NO MEDICAL SERVICES AUTHORIZED

**IF PARTICIPATION IN FIELD TRIP OR ACTIVITY 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.**