

****This is a 2 sided form. The back side
is your medical release form. Please fill out both sides!!**

Activities Permission Form

Parent Permission

I Grant permission for my student to participate in the following school sponsored and supervised activities:

Autumn Leaf Parade

Saturday, September 27, 2008

Possible Football District Games

Friday, November 7, 2008 -Thru- Saturday, November 29, 2008

Possible Football State Games

Thursday, December 5, 2008 -Thru- Saturday, December 6, 2008

Possible Basketball District Games

Monday, February 23, 2009 -Thru- Saturday, March 6, 2009

Possible Trip to the Lionel Hampton Jazz Festival

Thursday, February 26, 2009 -Thru- Sunday, February 28, 2009

Possible State Basketball Tournament

Tuesday, March 9, 2009 -Thru- Saturday, March 13, 2009

Band Festival

Wednesday, March 11, 2009

Apple Blossom

Saturday, May 2, 2009

Lilac Festival and Silverwood

Saturday, May 16, 2009 -Thru- Sunday, May 17, 2009

The parent/guardian testifies, by the signature below, that he/she has read and understands the **Cascade School District General Academic Competition Code/ Training Agreement**. Furthermore, the parent/guardian testifies, by the signature below, that he/she has discussed the implications of the **Cascade School District General Academic Competition Code/ Training Agreement** with their participating student.

(Parent/Guardian Signature)

(Date)

The participating student testifies, by the signature below, that he/she has read and understands the **Cascade School District General Academic Competition Code/ Training Agreement**. Furthermore, the participating student testifies, by the signature below, that he/she has discussed the implications of the **Cascade School District General Academic Competition Code/ Training Agreement** with their parent/guardian.

(Participating Student Signature)

(Date)

Office Use Only ABS Card Verification _____

Esther Christian

Cascade High School
FIELD TRIP MEDICAL CONSENT AND INFORMATION FORM

Dear Parent,

This form has been developed to enable your child to obtain emergency treatment during extended school sponsored field trips. It will authorize your child's treatment if emergency medical care is needed. If such an emergency arises, every attempt will be made to contact parents, guardians, or other emergency contacts before providing medical assistance. Without this written consent, however, medical care may be withheld until contact can be made.

Mike Hill, Principal

MEDICAL CONSENT

The undersigned hereby authorize Cascade School District #228 as our agent to give consent to surgical or medical treatment by any licensed physician or hospital for our child, _____(birth date _____), when such treatment is deemed necessary by such physician and we cannot be reached within a reasonable time.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, tests, X-ray examinations, transfusions, injections, or drugs, and the performing of whatever operation may be deemed necessary or advisable.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide my child the medical care and treatment deemed advisable based on the medical providers best judgment in consultation with my child's physician.

This authorization shall remain effective until June 10, 2009 unless sooner revoked in writing by the undersigned.

PARENT SIGNATURE

WITNESS SIGNATURE

HOME ADDRESS

MEDICAL INFORMATION

Family Doctor _____ Phone No. _____

Does your child have any chronic diseases? Yes _____ No

If so, please name _____

Does your child have any drug or other allergies? Yes _____ No

If so, to what: _____

Medical insurance information:

Insurance Company _____ Employer _____

Group # _____ Subscriber _____ ID _____

Date of last tetanus immunization: _____

Statement of Acknowledgement
RETURN THIS PAGE TO MR. GARCIA

This portion of the handbook must be signed and dated by each student and their parent/guardian and returned to me by Friday, September 12th 2008. This slip is a 20 point part of your Grade. If you or your parent/guardian have any questions please contact me at Cascade High School (548-5277).

I, _____ have read and understand the information contained in this
(PRINT STUDENT'S NAME)

handbook. I have also discussed with my parent/guardian, the implications and responsibilities associated with that information. I have taken note of the performance dates and times and I agree to the performance policy outlined in this handbook.

Grade Level: _____

Student's signature _____ Date _____
(STUDENT'S SIGNATURE)

I, _____ have read and understand the information contained in this
(PRINT PARENT'S NAME)

Handbook. I have also discussed with my student(s), the implications and responsibilities associated with that information. I have taken note of the performance dates and times and I agree to the performance policy outlined in this handbook.

Parent/Guardian signature _____ Date _____
(PARENT'S SIGNATURE)