

**\*\*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:

**Band Festival**

Wednesday, March 18, 2009

**Jr. Apple Blossom Parade**

Saturday, April 25, 2009

**Manson Parade**

Saturday May 9<sup>th</sup>, 2009

**Peshastin Pet Parade**

TBA

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)

**Icicle River Middle 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.

Kenny Renner-Singer, Principal

**MEDICAL CONSENT**

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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**

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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 12<sup>th</sup> 2009. 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)