

Alabama 4-H Science School Permission Slip

Due by 3/21 (both money & slip)

Each child MUST have this slip fully completed in order to attend the trip!

Your child's team will be attending Alabama 4-H Science School (<http://www.aces.edu/4-H-youth/4H-Center/crss/>) for an overnight trip on the following dates:

Teams 7-1/7-2: Depart: 7:00am Monday, March 28th
Return: 3:30pm Wednesday, March 30th

Teams 7-3/7-4: Depart: 7:00am Wednesday, March 28th
Return: 3:30pm Friday, April 1st

If you would like your child to attend this trip, please complete the form below:

My child _____ has permission to attend the overnight Alabama 4-H Science School trip.

Please initial each statement below:

~~_____ - I understand that my child will be required to adhere to all procedures and rules set forth by~~
both Inman Middle School and the Alabama 4-H Science School while attending this trip, as safety is the primary concern for teachers, group leaders, and chaperones.

- Students who receive ISS/OSS prior to the trip will be unable to attend. Administration will have final decision making authority over whether or not students can attend due to discipline.

_____ - I understand that the cost for this trip is \$200, which includes lodging, food, and transportation.

- Payments can be made online at www.tinyurl.com/APSONlinepayments (\$100 before Feb. 5).

- Requests for financial assistance can be submitted in writing to the school before Feb.5, and this request will be considered by the administration.

- Refunds will not be issued in the event that a student decides not to attend the trip or cannot attend due to discipline issues.

- Students must attend on the date for their team. Students cannot attend with another team.

_____ - Precautions will be taken to safeguard your child against accidents. However, you should carefully evaluate the hazards involved before granting your permission, which include outdoor activities and traveling on a charter bus to and from Alabama 4-H Science School. By granting permission, you release Inman and APS of liability in the event that an accident occurs.

Please complete the following (Write "None" if it does not apply):

- My child has the following allergies: _____

- My child has the following dietary restrictions: _____

- My child has the following medical conditions that could affect his/her experience at Alabama 4-H Science School: _____

In case of emergency, I can be reached at the following number: _____

Parent name: _____

Parent signature: _____

Student signature: _____

Participant's Name: _____ Date of Birth: _____
Address: _____
Parent/Legal Guardian: _____

EMERGENCY CONTACTS:

Mother:

Name: _____
Daytime phone: _____
Evening phone: _____
Cell phone: _____

Father:

Name: _____
Daytime phone: _____
Evening phone: _____
Cell phone: _____

Other:

Name: _____
Relationship to Participant: _____
Daytime phone: _____
Evening phone: _____
Cell phone: _____

MEDICAL INFORMATION:

I give the chaperones permission to administer the following to my child as needed:
____ Aspirin ____ Advil ____ Tylenol ____ Pepto Bismol ____ Kaopectate ____ Other: _____

I give the chaperones permission to administer the following physician authorized medication(s) to my child as needed:

Name of medication: _____ Purpose of medication: _____
Dosage/Special Instructions: _____

Name of medication: _____ Purpose of medication: _____
Dosage/Special Instructions: _____

____ Check here if the child takes more than two physician authorized medications. Attach a separate sheet that specifies name of medication(s), purpose of medication(s) and dosage/special instructions.

My child is allergic to the following foods or medication: _____
List any medical conditions or medical history of which the chaperones should be aware:

Date of last tetanus shot: _____

INSURANCE INFORMATION:

Carrier: _____ Group # _____ Policy Number: _____

Insured's Name: _____ Relationship to Insured: _____

In the event of a medical emergency and a parent or other contact person named above cannot be reached by telephone or otherwise, I authorize the chaperones to obtain medical treatment for my child and authorize any physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgment, may be deemed reasonably necessary for my child's health and safety.

RELEASE: The undersigned hereby releases Atlanta Public Schools, Inman Middle School, the chaperones, Jekyll Island 4-H Center and its officers, directors, shareholders, employees and agents from and against any and all liability arising from participating in this field study, including but not limited to all claims for (i) personal injury; (ii) loss of, or damage to, or property; and (iii) damage, expense or inconveniences caused by delays in transportation, arrivals, or departures, changes in schedule, the act, failure to act or negligence of any service supplier, hotel or restaurant, illness, weather, strikes, governmental actions or acts of god.

Signature: _____ Date: _____

Print Name: _____