

Jan. 13 - Feb. 17

Tuesdays and Thursdays - Pick up at



WINDHAM MIDDLE SCHOOL
Parental Consent and Release Form

I, _____, am the parent/guardian of _____, a minor, who desires to participate in the following school activity:

Fitness Boot Camp

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described school activity.

In consideration of the permission granted to my child to participate in the above described activity by Windham Schools, I release and hold harmless Windham Schools, it's agents, employees, and officers, from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

In witness whereof, I have signed this document on the _____ day of _____, 20_____.

Parent/Guardian - Signature

Address

Telephone Number

ACADEMIC STANDARDS

In order for students to participate on any interscholastic team or extracurricular activity they must be in good academic standing. Any student who fails two or more subjects will not be allowed to participate in any extracurricular activity or interscholastic team. Determination of eligibility will be made at the time the mid-term report is printed and again at the closing of grades at each marking period.

If a student is failing one class, he or she will be suspended from the team or extra curricular activity for two weeks. If, during that time, a passing grade is earned, the student will be reinstated. If a passing grade is not earned after two weeks, the student will be permanently suspended from the team or extracurricular activity.

If a student should receive permission to drop an elective, French, Spanish or ILS, the grade he or she has earned will count toward eligibility for an extra-curricular activity if the student has been in the class for 50% or more of the marking period.

1. Please read entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
2. Fill in ALL the blanks neatly.
3. If you have more than one child participating, complete one form per child.
4. Please fill out the following Health Form.

* a minimum of 10 is required.

Medical and Emergency Care Information
(To be filled out for each field trip)

Student Name _____
Address _____
Date of Birth _____ Teacher _____ Grade _____

Parent Name: _____
Parent can be reached at the following phone number (W) _____
(C) _____ (H) _____
Other contact: _____ (W) _____
(C) _____ (H) _____

Student's Doctor _____ Phone # _____
Insurance and # _____
Date of last tetanus shot: (6th - 8th grade only) _____

Check all that apply:

_____ Allergic to: (food, drugs, insects) _____
_____ Chronic medical problems: _____
_____ Current Medications: _____

Does your child have an EpiPen: _____ Yes _____ No If yes,

- a) The parent must accompany the student on a field trip or be in attendance at the school – sponsored activity.
- b) If the stipulations as outlined above cannot be met, the parent shall notify the school authorities, in writing, authorizing a responsible adult to assume the care and custody of the student. (see reverse side)
- c) My child has a Doctors order to self administer EpiPen _____ Yes _____ No _____

Needs to receive the following medication while on the field trip:

1. Name of medication _____
Time to be given _____
_____ To be given in the event of an allergic reaction only.
2. Name of medication _____
Time to be given _____
_____ To be given in the event of an allergic reaction only.

You have my permission to assist / supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. **In case of medical emergency, in the event I cannot be reached, I authorize Windham Schools, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon.**

Parent Signature _____

Date _____

PLEASE FILL OUT PARENTAL CONSENT AND RELEASE FORM IF YOUR CHILD HAS AN EPIPEN

Revised 5-24-05 Adopted by WSB 7/5/05