

After School Activity (ASA) Permission Slip

I give my child _____ permission to participate in the
(Student name)

after school club/intramural program. I understand the club will meet on the days and times as indicated on individual club form. Clubs will not meet when school is not in session.

Club/Intramural Rules:

1. Only students attending Woodford County Middle School can participate in a club(s).
2. There is no fee for clubs; however, the club may be doing a fundraiser to pay for needed club items.
3. Participation in club rules:
 - GRADES:
 - Any student who has earned 2 or more F's in classes during grade checks will not be permitted to participate in that ASA. Grade checks will occur each time students are participating in a "qualifying event," ie competitions, tournaments, or presentations where students are representing WCMS in the community.
 - BEHAVIOR:
 - Students who receive 3 separate in-school or out-of-school suspensions will not be permitted to participate in their current ASA.
 - Students may be dismissed from an ASA by the Club Sponsor after consultation with WCMS administration
 - ATTENDANCE:
 - Once a student has missed 3 ASA sessions, the sponsor may choose to dismiss the student from participation in that ASA.

Please check type of transportation needed:

_____ Walker

_____ Parent Pick up

My child may also ride home with : _____ (no deviations without written instructions)

Student Address and Parent Contact information:

Student Name: _____

Student Gender (circle one): Male Female Student Age: _____ Student DOB: _____

Student Grade: _____

Address: _____

Student Allergies: _____ Student Current Medications: _____

Student Special Needs or Concerns: _____

Parent Name: _____

Parent phone: (Home) _____ (Work) _____ (Cell) _____

Emergency Contact Name: _____ Emergency Contact # _____

E-mail (work) : _____ E-mail (home): _____

Video Permission Slip:

_____ My child may watch PG rated movies

_____ My child may not watch PG rated movies

Field Trip Participation:

I give permission for _____ to participate in club field trips. I understand that I will be notified in advance and assume full responsibility for his/her participation. Transportation will be provided by Woodford County Board of Education. A transportation fee may be required.

Picture/Video Authorization:

During the course of the year, we will be taking pictures and/or videos of our students. We will be making a scrap book with these pictures and may be sending some to the newspaper and some may be included on our web page. We would like your permission to include your child.

I, _____, the lawful parent or guardian of _____ give my permission to release any pictures taken of the above mentioned child, by the club volunteers to be included in any announcements, advertisements, and documents in the WCMS name.

AUTHORIZATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____ the lawful parent or guardian of _____, A minor child of whom I have custody and control, do hereby authorize the agents and employees of the Woodford County Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and well being of said minor child at any time that such minor is in the custody of said Woodford County Board of Education employee while in attendance at school, in attendance at the WCMS club, or while en route to or from a school.

I further authorize the said agents or employees of the Woodford County Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities.

In connection herewith, the Woodford County Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

Signature of Parent/Guardian

Other person to be notified:

Name _____ Phone _____

*Local phone # for emergency, please.

Date of last Tetanus Booster Shot: _____

Insurance Carrier: _____ Policy # _____

Doctor _____ Phone # _____

Hospital _____

(Parent/Guardian Signature)

******Please return the completed form to Melody Hamilton (PE teacher) at WCMS or the WCMS front office*******

For more information call Mrs. Hamilton at 873-4721x2929 or e-mail at mhamilton@woodford.k12.ky.us