

Student Leadership Program Parent Consent Form

Workshop / Event:
First Name: Last Name:
Student ID: School:

Parent Information

Parent / Guardian: Last Name:
Parent / Guardian: Last Name:
Work Address: Home Address:
City: City:
State: State:
ZIP: ZIP:
Work Phone: Home Phone:
Fax:

Required Information:

Disabled Applicants: If the applicant has a physical, mental, or sensory impairment and needs reasonable accommodations or information about services, please check the appropriate box below. Such identification will not affect the applicant's eligibility for acceptance into the Student Leadership Program Conference.

Student Disabilities: Check all that apply:

- Hearing Vision
 Orthopedic Speech
 Learning Disabled Other:

Please describe any disabilities that may keep your son/daughter from participating fully in the activities of the Student Leadership Program.

Medical Conditions: List all medical problems (allergies, diabetes, asthma, epilepsy, dietary restrictions, etc):

Medications: List current medications your son/daughter is taking, if any (if applicant is selected to participate, medications must be in original bottles with labels, instructions, and a physician-approved plan must be on file at the sending school).

Does your child have any drug allergies: Yes No

If yes, please explain:

For the period of the event:

My child may self carry the above named medication(s) Yes No

My child may self carry the above named medication(s) Yes No

Medical Release: In the event that my son or daughter becomes a participant of the Student Leadership Program Conference (SLC), I, the undersigned as Parent/Guardian, do hereby consent and grant my permission to a representative of the Student Leadership Program to pursue medical treatment for my child, as ordered by a qualified physician, should the need arise. This consent includes the administration of anesthetic laboratory procedure, x-ray examination, medical or surgical treatment, blood tests, other hospital services as recommended by a physician and the release of necessary medical or contact information for insurance claims or admitting purposes. I request and authorize that my son/daughter may self-administer the above identified medication in accordance with the instructions indicated on the label found on the original medication container. There exists a valid health reason which makes the administration of the medication advisable during my son/daughter's attendance at the event or during such time that my son/daughter is under the supervision of Student Leadership Program representative.

Parental Permission: I, the undersigned, as Parent/Guardian do confirm that my son/daughter may participate in all aspects of the Student Leadership Program Conference. Thus, I hereby release the site directors, the representatives of the Student Leadership Program and school district staff from responsibility of any illness, injury or accident suffered by my son/daughter during the duration of this conference. I grant permission for photographs/video (to include digital media) to be taken of my son/daughter and understand that these photographs along with student comments about the conference or quotes may be used as promotional materials for the Student Leadership Program and Migrant Education Program, to be included in electronic homes pages, flyers, brochures, etc. I grant permission to publish the name and contact information of my son/daughter to be posted in electronic online directories, other published documents, or databases.

Parent Signature: _____ Date: _____
Student Signature: _____ Date: _____