

ADAMS 12 FIVE STAR SCHOOLS CampSQL 2020 PERMISSION FORM

ALL AREAS MUST BE FILLED IN. IF NOT APPLICABLE, WRITE N/A.

STUDENT INFORMATION	
Name:	Birthdate: _____ Grade: _____ (Circle) M/F
Address:	City, Zip Code:
PARENT/GUARDIAN INFORMATION	
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City, Zip Code:	City, Zip Code:
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
City, Zip Code:	City, Zip Code:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Emergency Contact Information (Persons other than parent, to be notified in an emergency):	
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City, Zip Code:	City, Zip Code:
Phone:	Phone:
Alternative Phone:	Alternative Phone:
Pick Up Authorization (Names of persons, other than parent, to whom student may be released):	
Name:	Name:
Relationship to Student:	Relationship to Student:
Phone:	Phone:
Prohibited Authorization (Names of persons, NOT authorized to pick up the student):	
Name:	Name:
Relationship to Student:	Relationship to Student:
Phone:	Phone:

PLEASE INITIAL ONE OF THE OPTIONS AND SIGN BELOW.

_____ I AUTHORIZE MY CHILD TO CHECK HIM OR HERSELF OUT AND WALK HOME FROM CAMPSQL.

_____ I WILL PICK HIM/HER UP OUTSIDE AT 3:30 AT THE CLOSE OF CAMPSQL. I REALIZE THERE IS NO SUPERVISION AFTER 3:30

PARENT SIGNATURE: _____ **DATE:** _____

CONSENT FOR EMERGENCY MEDICAL CARE AND SHARING OF INFORMATION

I, the undersigned, a parent or guardian of the above named student herein authorizes all adult sponsors, or any responsible adult person bearing this written authorization into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care. Such care is to be rendered to said minor under the general or special supervision and upon the advice of a physician, dentist, and/or surgeon licensed to practice in the State Of Colorado and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care. In addition, I authorize all school and District staff to exchange relevant information about my student. It is understood that this authorization is given for all program- sponsored activities. Every effort will be taken to locate a parent/guardian before any action is taken. All medical expenses will be accepted by the parent/guardian. CampSQL (and Northglenn HS staff) is absolved of any or all liability for accidents or injuries received during any or all program-sponsored activities.

Authorized Signature

Date

Student Name

Grade

ADULT AND STUDENT CODE OF CONDUCT AGREEMENT

Every person that enters Northglenn STEM, CenturyLink, and Front Range Community College is a potential role model for the students present. As role models we are ALL expected to portray citizenship, kindness/respect for all, positive communication, problem solving behaviors, and appropriate regard of school property.

Per State law, smoking, drug and/or alcohol use are never permitted. If suspected abuse occurs, the person(s) involved will be subject to removal from district grounds.

All district and Superintendent policies apply to CampSQL.

While every effort will be made to resolve a conflict, we reserve the right to immediately terminate care should a parent/guardian or custodial dispute affect the program, personnel, or students in a threatening manner. Please refer to the Discipline Procedures and policies within district and school handbooks.

I understand and agree to adhere to the "Code of Conduct Agreement."

Parent/Guardian Signature

Date

Student Signature

Date

Late or Unexpected Closures or Emergency Situations

The supervising staff at CampSQL will attempt to text parents or guardians who complete the following cell phone contact section for information on closures or emergency situations. Please be aware that normal texting or cell phone charges may apply depending on your service provider and/or coverage area.

_____ I would like to be contacted via a text message on my cell phone if CampSQL closes early, unexpectedly, or there is an emergency situation that I need to be made aware. I understand that I may be charged a fee from my cell phone service provider. I also understand this procedure will only be used for unexpected closures or emergency situations.

Full Name: _____

Cell Number: _____

Service Provider: _____

CampSQL Late Pick up Agreement

CampSQL ends at 3:30 p.m. We encourage parents or guardians to try to contact family members or neighbors on the authorized pick up list if they know they will be late picking their student up. If students are not picked up on time, students will lose the opportunity to attend future sessions.

I understand and agree to adhere to the "Late Pick up Agreement" for Northglenn HS CampSQL program.

Student's Name

Grade

Parent/Guardian Signature

Date

Student's T- Shirt Size (Adult)

Small Medium Large X-Large XX-Large



Medical Emergency Form

I / We, _____, being the parent/legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician, should his/her condition require treatment in my absence. I / We understand that, in such case, reasonable attempts will be made to contact me/us, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated here (if none, so state):

My daughter/son has the following medical condition(s) which may require emergency care:

The District and its personnel cannot dispense medication without written direction from the child's (student's) physician stating the child's name, the name of the medication, the dosage and the period for which the medication is prescribed.

My daughter/son requires the following medication(s):

The authorization is for the time period beginning **May 27, 2020** and ending **May 29, 2020**.

Signature of Parent or Guardian

Date

Authorization and Release

CenturyLink, Inc., Level 3 Communications, LLC and/or its subsidiaries and affiliates (collectively, "CenturyLink") are participating with students at Northglenn High School through the CenturyLink PTECH Program (collectively, "CenturyLink PTECH Program"). As part of this program, employees of CenturyLink will be engaged in educational sessions with children under the age of 18 years old ("Minors") participating in the PTECH Program at Northglenn High School, at the CenturyLink campus and at other related events ("PTECH Events").

By signature below, I hereby grant CenturyLink the following rights and permissions:

- To photograph myself and/or any listed Minors in connection with any PTECH Event (thereby resulting in "Photographs");
- To record (via video and/or audio) myself and/or any listed Minors at any PTECH Event (thereby resulting in "Video Recordings"); and
- Display, reproduce, create derivative works of, use, disseminate and otherwise distribute any such Photographs and Video Recordings in any public manner, including without limitation via public media, social media, television, marketing documentation, the Internet and CenturyLink's intranet (collectively, "Rights and Permissions")

I also grant CenturyLink the unlimited, royalty-free and perpetual right and permission to grant the foregoing Rights and Permissions to any third party that participates in the CenturyLink PTECH Program. I agree that the Rights and Permissions noted above are granted until revoked by me on written notice to CenturyLink, delivered by overnight mail to CenturyLink, 1025 Eldorado Blvd., Broomfield, CO 80021 (attention Intellectual Property Counsel) identifying the revoked Rights and Permissions. Upon receipt of such notice, CenturyLink will terminate its use of all revoked Rights and Permissions on a prospective basis within thirty days.

Parent Signature

Listed Children

Date

STUDENT FIELD TRIP PERMISSION FORM - DAY TRIP

Complete items 1-8, then make enough copies for students in the class/activity. This form is to be used for local and metro area short trips. The form is to be completed by staff and submitted to parents for signature. Completed forms MUST accompany sponsor/teacher on trip.

(1) School NORTHGLENN HS (2) Date(s) of Activity May 28, 2020
(3) Destination CENTURY LINK, 1025 EL Dorado, 80021 & FRCC - WESTMINSTER
(4) Period(s) Absent (if applicable) 8:30 - 4:30 (5) Grade Level 9TH
(6) Transportation will be by:

- Checked: District School Bus
Private Car
Walking
Parent/Guardian (responsibility)
Commercial Carrier
Other (specify)
Other: Fee Required
Other Needs

(7) Other Information:
(8) [Signature] Sponsor/Teacher Signature

PARENTS/GUARDIANS COMPLETE THE FOLLOWING SECTION

X Student's First & Last Name Student ID# (if applicable)

Student and parent/guardian must understand that it is the student's responsibility to make up any work missed during this absence.

IMPORTANT INFORMATION

- 1. I understand that the above identified trip will take place away from school property; may involve transportation as indicated above; and may involve activities beyond the scope of traditional school functions conducted on District property.
2. I release the Board of Education, the District, its employees and authorized sponsors and volunteers from all claims arising from the student's participation in the above identified activity unless caused by actions for which the District would otherwise be liable under Colorado law.
3. I understand and give full authority for the District to take whatever action it deems necessary to safeguard the health and well-being of the participating student including, but not limited to, consenting to emergency medical care.

INSURANCE - I understand the District does not purchase, or have, any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

EXPECTED STUDENT CONDUCT - Students of Adams 12 Five Star Schools representing a class, sport or activity have the responsibility to maintain the same behavior standards expected of them while they are in school and are subject to consequences for breaches of such standards just as though they were in school.

As parent/guardian of the above-named student, I/we have read the above and do hereby grant permission for him/her to participate in the above identified activity.

X Parent(s)/Guardian Date
Home Phone Work Phone

Thank you for returning this form promptly.