

**Broken Arrow Public Schools Activity Permission
For Freshman Academy and High School Students**

My student, (Name) : _____
Last First Middle

has permission to participate in all practices, performances and other related activities of Tiger Camp

Note: Schedule of all activities must be attached

Sponsor Christian Welborn Cost Estimate \$0

Note: Final cost amount will be announced when determined

Special Instructions _____

Parent/Guardian/**First contact** _____ Relationship: _____

Phones: (H) _____ (W) _____ (cell/other) _____

Parent/Guardian/**Second contact** _____ Relationship: _____

Phones: (H) _____ (W) _____ (cell/other) _____

Other emergency contact _____ Relationship: _____

Phones: (H) _____ (W) _____ (cell/other) _____

Health History

Physician: _____ Phone _____

Insurance: _____ Policy Number _____ Group number _____

Does your student have any potentially life threatening allergies, medication or other? (If yes, please list) _____

Does your student have any chronic or significant health problems, or any physical limitations? yes/no (If yes, please explain) _____

Does your student currently take any medications? yes/no (If yes, please list) _____

Authorization for Treatment

I hereby authorize any physician, surgeon, or dentist on the medical staff of Saint Francis Hospital at Broken Arrow or nearest medical facility to administer any emergency treatment, procedure or medicine necessary and advisable. I also authorize the use of an ambulance, if necessary, to transport my child. I further agree to pay for all services provided for my child. If this is not satisfactory, please list specific emergency instructions in the event that you cannot be reached.

Complete both sides and sign back of form

Medications

Self Administered

Students may carry and self-administer over the counter medications which are listed below and are in compliance with the following policy statements:

All medications must be in original containers correctly labeled by the pharmacy or manufacturer. Medications (including over the counter medications) may only be taken as specified on the label or by written physician instructions.

Controlled substances and cold, sinus, and/or cough medications must be administered by Broken Arrow Public Schools personnel and may not be carried by students on activity trips.

Students who carry medications are responsible for the safe guarding of those medications. Employees of Broken Arrow Public Schools will not be responsible for monitoring administration, effects, custody, disposal, or any other aspect of student carried medications. These responsibilities rest with the students and their parents/guardians.

Medications may not be shared with any other person.

List any medications for which you give permission for your child to carry and self-administer: _____

School Personnel Administered

Broken Arrow Public Schools personnel will administer prescriptions and over the counter medications which are listed below and are in compliance with the following policy statements:

All medications must be in original containers correctly labeled by the pharmacy or manufacturer. Medications (including over the counter medications) may only be taken as specified on the label or by written physician instructions.

Controlled substances and cold, sinus, and/or cough medications must be administered by Broken Arrow Public Schools personnel and may not be carried by students on activity trips.

All medications that are not to be administered by Broken Arrow Public School personnel must be given to the sponsor or person designated for medication administration prior to departure on the activity trip

List any medications that are to be administered by school personnel.

Name of Medication	Dose/amount of Medication	Enter time to be given or "Upon request"
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Supplements and/or non FDA approved medications may not be taken by students while on activity trips without written instructions from a physician. (M.D. or D.O.)

Over the Counter Medications

School personnel are not allowed to supply or administer over the counter medications.

Signature of Parent/Guardian: _____ Date _____