



FLAGSHIP

COMMUNITY-SCHOOL PROGRAM

2022-2023 Permission Form

Flagship provides FREE after school activities that build skills and connect youth to each other, their schools, and the community.

Please fill this form out completely. All information provided is kept confidential.

STUDENT INFORMATION

Student Name (Legal) _____ Preferred Name _____

Date of Birth _____ Gender _____ Pronouns _____

Address _____
Street City State Zip

School _____ Grade _____ Student ID _____

Student Phone Number _____ Student Email _____

(OPTIONAL) Please select your student's race/ethnicity: ☐ Native American/Alaskan Native ☐ Hispanic/Latino
☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ Multi-Racial/Multi-Ethnic

PARENT/GUARDIAN INFORMATION

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to Child		
Phone Number		
Email		

IN CASE OF EMERGENCY CONTACT, PLEASE CONTACT:

Name _____ Phone _____

MEDICAL INFORMATION: CHECK ALL THAT APPLY AND INCLUDE PERTINENT MEDICAL HISTORY

- Known Allergies _____
- Current Medications _____
- Behavioral Concerns/Mental Illness _____
- Other _____

Doctor's Name _____ Phone _____

Insurance Policy and Number _____

AUTHORIZED PICK UP (If more than two, please attach additional page with their information)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

***** TURN TO BACK SIDE! BOTH SIDES OF THIS FORM MUST BE COMPLETE! *****

RELEASE OF INFORMATION

I, _____, the parent and legal guardian of the above named minor student, hereby authorize Missoula County Public Schools (MCPS) to release the following information/records **to employees and representatives of Flagship** who directly serve my child in Flagship activities at _____ School:

☐ All Records

OR Choose from the following categories of records:

☐ Academic Records ☐ Attendance Records ☐ Educational Assessments ☐ Psychological Assessments
☐ Behavioral/Disciplinary Records ☐ Education Plan and Accommodations (Section 504 Plan or IEP)
☐ Medical/Health Records ☐ Demographics (name, birthdate, grade level, contact info) ☐ Behavior Plan

☐ Other: _____

I further understand that: (1) I have the right not to consent to the release of my child's education records; (2) I have the right to receive a copy of such records upon request; (3) this consent shall remain in effect until revoked by me, in writing, and delivered to Missoula County Public Schools, but that any such revocation shall not affect disclosures previously made by Missoula County Public Schools prior to the receipt of any such written revocation.

PERSONAL RELEASE AND ASSUMPTION OF RISK

Please initial below (Parent or Legal Guardian if under 18 years of age)

_____ I confirm that I understand and agree that in the event it becomes necessary for Flagship staff in charge to obtain emergency care for my child, neither he/she nor Flagship assumes financial liability for medical treatment or expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. I authorize Flagship employees and volunteers in charge of the students to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child.

_____ I give permission to Flagship to share my child's name with Missoula Food Bank for the funding of nutritious after school snacks.

_____ Flagship program participation may involve field trips off of school grounds. I give permission for my child to ride in buses, vans, cars, and bikes hired, rented, or driven by Flagship staff or volunteers.

_____ I give permission for my child's name and/or picture to be used in films, videos, media releases, funder publications, written information or brochures produced to promote the work of Flagship.

_____ I understand that Flagship collaborates with many unique community partners that provide activities such as: rafting, biking, rock climbing, skateboarding, hiking, and swimming and that special permission forms are required for participation in these activities

Flagship is a program of Western Montana Mental Health Center (WMMHC) not MCPS.

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY.

Parent or Guardian Signature

Date