



## The Flagship Program 2019-2020 Permission Form

The Flagship Program provides out of school time 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 Name \_\_\_\_\_ Student I.D. \_\_\_\_\_

Gender \_\_\_ Female \_\_\_ Male \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Phone Numbers 1) \_\_\_\_\_ 2) \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

Student Cell Phone Number \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE CONTACT

*We will first try to contact the Parent/Guardian—  
Emergency Contact is contacted if there is an emergency and the Parent/Guardian cannot be reached.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

### 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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Student will bike \_\_\_\_\_ Student will walk \_\_\_\_\_ Student will take the bus \_\_\_\_\_

Student will drive \_\_\_\_\_ Parent/Guardian will pick up \_\_\_\_\_

Please check the appropriate box describing your student's race or ethnicity (optional).

- African American       Asian/Pacific Islander       Caucasian       Hispanic/Latino  
 Native American/Alaskan Native       Multi-Racial/Multi-Ethnic       Other (please specify) \_\_\_\_\_

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

**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 The Flagship Program assumes financial liability for medical treatment or expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. I authorize The Flagship Program 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.
- \_\_\_\_\_ Initial here to allow Flagship to share your 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 The Flagship Program.
- \_\_\_\_\_ I understand that Flagship collaborates with many unique community partners that provide activities like; rafting, biking, rock climbing, skateboarding, hiking and swimming and that special permission forms are required for participation in these activities.
- \_\_\_\_\_ I understand that I am expected to pick up my child on time after Flagship activities.

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Release of Information**

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

**All Records**

**OR Choose from the following categories of records:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic Records   | <input type="checkbox"/> Psychological Assessments | <input type="checkbox"/> Educational Assessments |
| <input type="checkbox"/> Behavioral/Disciplinary Records                                  | <input type="checkbox"/> Attendance Records        | <input type="checkbox"/> Behavior Plan           |
| <input type="checkbox"/> Medical/Health Records   |  |  |
| <input type="checkbox"/> Demographics (name, birthdate, grade level, contact information) |  |  |
| <input type="checkbox"/> Education Plan and Accommodations (Section 504 Plan or IEP)      |  |  |
| <input type="checkbox"/> 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.

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