

Jackson School District

STUDENT ACTIVITY/FIELD TRIP MEDICAL RELEASE AND HEALTH INFORMATION

In case your son/daughter may require emergency medical services while on an off-campus trip, we ask that you review the following statement, sign and return it to the advisor by _____. In the event that medical attention becomes necessary, it should be understood that if the statement is not signed by a parent or guardian, treatment may not be rendered.

I hereby authorize the Jackson School District and its faculty member in charge of my child, _____ to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary medical treatment.

Signature of Parent or Guardian: _____ Date: _____

EMERGENCY INFORMATION FOR: _____
(Print Student's Name)

Parent/Guardian Name: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

If Parent/Guardian cannot be reached, in case of emergency, please call:

Name: _____ Phone #: _____

Relationship: _____

Family physician name: _____ Phone #: _____

Health insurance name: _____ ID #: _____

Date of last tetanus: _____

Any health factors/medical conditions of which chaperones should be aware (please note that this does not include, nor are you required to provide, any information regarding HIV or AIDS):

Medications being taken on trip*: _____

*Please be aware that any medication(s) being taken on this or any other school-sponsored trip, including over-the-counter medications, such as Tylenol, Dramamine, allergy medication, etc., must be approved by the school nurse prior to the trip, in accordance with state law and Board Policy No. 5141.211. Please contact the school nurse directly well in advance of the trip to obtain the requisite approval of any medications, and/or to determine by whom they are to be administered.

Students who have been self-administering pre-approved medication, such as inhalers, in the nurse's office this school year will be given their medication on the morning of the trip. Any medication NOT meeting the above requirements will not be accepted or dispensed.

I have read and understand the above medication policy. I hereby authorize the release of the information contained in this form to the responsible class advisor/trip chaperone.

Parent/Guardian signature: _____ Date: _____

Student's First and Last Name: _____

Sport: _____

JACKSON TOWNSHIP SCHOOL DISTRICT

151 Don Connor Boulevard

Jackson, NJ 08527-3497

(732) 833-4604

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www.Jacksonsd.org



Student Athletic Transportation Waiver Indemnification and Release

I agree to release and hold harmless the Jackson Board of Education, collectively and individually, as well as its agents, servants and employees from all liability for personal injury and/or property damage sustained and/or caused by my daughter/son in the course of my voluntary private transportation to/from athletic events sponsored by the Jackson School District. I further agree to indemnify and hold the Board harmless, collectively and individually, from all claims, costs, damages and losses, including reasonable attorney fees, arising from any injury and/or loss occasioned where I have opted to privately transport my child/athlete in lieu of district provided transportation, including any and all claims which may be brought individually by my/our son/daughter on his/her behalf now and forever.

By signing this form, I certify that I am a parent/guardian of this student and fully understand my/our rights and responsibilities under this agreement and I have agreed to accept all liability in the course of my transportation of my son/daughter for these district-sponsored athletic events.

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Permission for 18 year old driver to transport self to athletic events. I agree to follow all NJ DMV rules and regulations. I accept all responsibility and agree to accept all liability.

Date

Signature of Parent/Guardian

McAuliffe Middle School

Athletics

Dear Parent/Guardian and Athlete,

Welcome to the McAuliffe Athletic family. We are looking forward to an exciting season with you. There are several important athletic guidelines that we would like to share with you.

GUIDELINES:

- A. **Academics:** Academics come first. If necessary, all athletes are encouraged to pursue extra help after school. Students must keep their grades up in order to play. All athletes should report directly to the gym after school unless they are receiving extra help from a teacher. Any athlete staying for assistance must submit a note from the teacher to the coach.
- B. **Attendance:** All athletes are required to be at every practice. If your child misses practice due to illness, please write the coaches a note upon their return. If an athlete is absent from school, they may not participate in practice or play in a game. If they miss practice the day before a game, they may not play part of the game. An athlete missing two or more unexcused days risks being removed from the team.
- C. **Transportation:** Practice will end anywhere from ~~4:15~~ - 4:30 PM (schedules will be sent home in advance). Activity buses are **NOT** available at 3:40 PM. Parents are responsible for picking up their children at designated times as determined by the coach. Parents must pick up children within 15 minutes of the assigned pickup time. If athletes are excused before 4:00 PM, but are not taking the 4:20 PM activity bus, parents must pick up children no later than 4:15 PM.
- 1st late pickup will result in a warning.
 - 2nd late pickup may risk playing in away games.
 - 3rd late pickup may result in dismissal from the team.

* Practice Days At
Liberty: 4:30 pick up at
Liberty (must have
a ride)

All students must ride the bus to the game. Athletes may ride home with other parents as long as the parent submits a permission slip to the coach in advance.

- D. **Behavior:** Good attitude and behavior at practice, at games, on the bus, in the classroom and within the school are important. Inappropriate behavior will be dealt with immediately and may result in removal from the team. Please note that detentions and suspensions are considered to be unexcused absences.
- E. **Participation Fee:** No student-athlete, once they have made the team, will be able to participate in a practice, scrimmage, or game until the fee is paid. This fee will be collected in the Main Office by Robbin N.

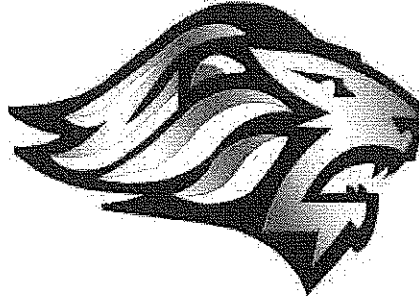
If you or your children have any questions or concerns, please contact the coaching staff.
Thank you in advance for your cooperation.

The McAuliffe Athletic Department

We have read and understood the guidelines for the MCA Athletic Department.

Athlete's Name (please print) _____ Athlete's Signature _____

Parent's/Guardian's Signature _____ Date: _____



CHRISTA MCAULIFFE TRACK TEAM

CODE OF CONDUCT

**THE FOLLOWING INFRACTIONS MAY RESULT IN DISMISSAL FROM OUR TEAM.
THIS IS AT THE DISCRETION OF THE COACHES AND OUR BUILDING PRINCIPALS.**

1. Two after-school detentions.
2. Two in-school suspensions.
3. One out-of-school suspension.
4. Two teacher detentions.
5. 3 unexcused absences.
6. 2 Late pickups from practice/meets

Student Name (print) _____ **Student signature** _____ **Parent signature** _____