

# 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: \_\_\_\_\_

# JACKSON SCHOOL DISTRICT

## Permission for Trips

My child \_\_\_\_\_ has my permission to participate in:

The following club, athletic team, squad, etc. \_\_\_\_\_ of \_\_\_\_\_  
Name of club, team, squad, group, etc.  
 \_\_\_\_\_ school for the \_\_\_\_\_ school year.  
Name of School School Year

The field trip with \_\_\_\_\_ grade class to \_\_\_\_\_  
Teacher's Name Grade  
 \_\_\_\_\_, New Jersey on \_\_\_\_\_  
Location Date

This is to certify that my child, named above, has my permission to participate in the specified trip(s) and to travel off school grounds with the group for the purpose of participating in the group's activities and events. I understand that, if circumstances warrant, including in case of disciplinary infractions, I may be contacted and requested to transport my child home prior to the end of the trip(s). I understand, further, that a separate consent form will be provided in the event the activities of the group will involve overnight and/or out-of-state travel.

I knowingly and voluntarily agree to waive any and all claims for liability, loss, injury damages, or expenses which my child and I may have against the Jackson Township Board of Education, collectively and individually, and its agents, employees and chaperones resulting in any way from participation in the above activity and related transportation.

### STUDENT TRIP MEDICAL RELEASE AND HEALTH INFORMATION

In case your child may require emergency medical services while on an off-campus trip, we ask that you complete the following information. In the event that medical attention becomes necessary, it should be understood that if this information is not completed, treatment may not be rendered.

Parent/Guardian Name:		
Home Phone:	Business Phone:	Cell Phone:
If Parent/Guardian cannot be reached, in case of emergency, please call:		
Name:	Relationship:	Phone #:
Family Physician Name:		Phone #:
Health Insurance Company Name:		Policy ID#:

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: \_\_\_\_\_

**MEDICAL/HEALTH ADVISORY:** Please contact the school nurse upon receipt of this permission form if there are any health or medical issues concerning your child. Appropriate accommodations will be considered if necessary. Students who have been self-administering pre-approved medications, 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.

Please be aware that any medication(s) being taken on this or any 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. 5330. 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. This includes treatment for serious and/or life-threatening conditions such as severe bee sting reactions, peanut allergies, asthma attacks, diabetes, necessary medications, etc.

I have read and understood the above policy and give permission for my child to participate in the above-referenced program. I authorize the release of the information contained in this form to the responsible class advisor/trip chaperone. In the event of a medical emergency, I 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 (to include drug and alcohol testing).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 which 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:** *4:20 buses will be provided daily.*

*Parents must pick up athletes from meets. Times will be on practice/meet calendars. If you are picking up your child from practice you must be at McAuliffe NO later than 4:10 pm.*

- 1<sup>st</sup> late pickup will result in a warning.
- 2<sup>nd</sup> late pickup may risk playing in away games.
- 3<sup>rd</sup> late pickup may result in dismissal from the team.

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 can be paid online, collected by the coaching staff or paid in the Assistant Principals Office, Athletics. *Reduced lunch: fee is Free. Free Lunch: Free. \$75. Checks can be made out to CIMS.*

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

*online payment: <https://www.pay.schoolcentral.com>*

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

Athlete's Name (please print) \_\_\_\_\_ Athlete's Signature \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's First and Last Name: \_\_\_\_\_

Sport: \_\_\_\_\_

## JACKSON TOWNSHIP SCHOOL DISTRICT

151 Don Connor Boulevard

Jackson, NJ 08527-3497

(732) 833-4604

FAX (732) 833-4608

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

**Boys +  
Girls XC** - CODE OF CONDUCT

The following infractions can result in dismissal from the team!

(At coach's discretion)

1. Two (2) ASDs during the season
2. Two (2) ISSs during the season.
3. One (1) OSS during the season.
4. Three (3) teacher detentions.
5. Three (3) or more unexcused absences.
6. More than (1) late pick-up

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Student Name

Student/Athlete signature

Parent Signature