**CRACTC TRAVEL CONSENT AND PARTICIPATION PERMISSION FORM**

Central Regional Area Career & Technical Center

|  |  |
| --- | --- |
| Participant's Name and CRACTC Courses Enrolled (if applicable) | |
| School | Date of Birth |
| Name of Insurance Company | Policy Number |
| Allergies  Yes (please list all allergies below)  No | Last tetanus administration received |
| History of: (check if applicable)  Heart Condition  Diabetes  Asthma  Epilepsy  Rheumatic Fever  Other (i.e. please indicate here if your student has tested positive for COVID-19 within the last 30 days) (explain) | |
| Medication currently being taken: | |
| Any physical restrictions or other conditions?  No  Yes (explain) | |
| In the event we are unable to reach you, please list name and telephone number of either nearest relative and/or family physician as an emergency contact. | |

**MEMBER OBLIGATION**

While attending any CRACTC function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my school, family, community, and the CRACTC.

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Signature of Student Date

***PARENT: PLEASE INDICATE IN THE BLANKS BELOW FOR EACH PERMISSION AND SIGN AT THE BOTTOM OF THE FORM***

**\_\_\_\_\_ (Initial/Check)**  **MEDIA PERMISSION** I authorize CRACTC to distribute for publication the above participant’s name and/or picture for educational/promotional purposes (examples would include: printed publications, web pages, radio, etc.). (Note: At no time will addresses or phone numbers be published.)

**\_\_\_\_\_ (Initial/Check)** **TRANSPORTATION PERMISSION** I, the parent/guardian of the above-named student, do hereby grant permission for him/her to attend this CRACTC educational activity. I have agreed to transportation arrangements for said student made with the approval of the local school administration and in agreement with policies established by the local school district.

**\_\_\_\_\_ (Initial/Check) MEDICAL SERVICES PERMISSION** I, the parent/guardian of the above-named student, in the event of an emergency, do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with appropriate handling of confidential information. I agree to indemnify and hold harmless the Central Regional Area Career & Technical Center and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards. I understand it is my responsibility to notify my local school and the CRACTC if any of the above information changes.

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| --- | --- | --- | --- |
| Home Phone: |  |  |  |
| Work Phone: |  |  | Signature of Parent/Guardian Date |

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Signature of School Administrator/Official School Date