

Medical Release

Activity: STEM Billings

Purpose of off-campus learning: STEM Learning

Supervision: STEM Billings Staff

Transportation: Parent will provide

Date of Activity: 1/2019 - 6/2019

Time: 1:00pm - 4:00pm

Requirement for students: registration (including release form), \$10 fee or scholarship

Expectations/Instructions

I understand the student is expected, and the student has been instructed

- A. To do exactly what he/she is instructed to do by the supervisors
- B. To follow all school rules and regulations and any additional rules pertaining to this activity
- C. Participate and engage appropriately and meaningfully

Medical Information/Concerns (please check and include a short description)

Allergies _____ Diabetes _____
 Asthma _____ Seizures _____
 Meds during the school day _____
 Physical Restrictions _____
 Other _____

If any emergency medical procedures or treatments are required, I consent to the STEM Billings staff taking, arranging for or consenting to the procedure or treatment necessary on my child's behalf.

Hospital Choice: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Student's Name _____

Parent/Guardian Signature _____

Phone Number _____

Date Signed _____

Any other parental concerns regarding this activity: