

# Medical Release

Activity: STEM Billings

Purpose of off-campus learning: STEM Learning

Supervision: STEM Billings Staff

Transportation: Parent will provide

Date of Activity: Saturday 2/24/18

Time: 1:00pm - 4:00pm

Requirement for students: registration (including release forms), \$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:

## Media Release

There are times throughout this event when your child may be photographed, such as:

**Media:** TV stations and newspapers like to stop by and photograph as they participate in planned activities, for their “file footage” (no close-ups taken at this time), or to interview the students regarding their involvement in this event (close-ups could be take at this time).

**Teachers:** Teachers and STEM Billings volunteers may take photos and videos of students for use in future events, website, and publications.

**Parents:** There are parents who may wish to take pictures of their child’s participation, which may include a picture of your child.

Some of the videos and pictures taken may be used on the STEM Billings website, in printed materials the program distributes, in local newspapers, or during local television broadcasts.

We want to protect your family’s rights (privacy and safety). Before publishing any pictures or videos, we are asking for your permission to do so. Please indicate your preference regarding this issue by checking one of the options below.

\_\_\_\_\_ ***IDO*** give my permission to allow my child to appear in any and all media (video, print, website, audio, etc.)

\_\_\_\_\_ ***IDO NOT*** give my permission to allow my child to appear in any and all media (video, print, website, audio, etc.)

Student’s Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_