

FMS TIGER TALENT PERMISSION FORM



PARENT PERMISSION AND STUDENT INFORMATION 2016-2017

I give my child permission to participate in Tiger Talent, a group that focuses on improvisation, playwriting, acting, and the technical aspects of theater.

An online calendar of events is available by going to the FMS School Website, and selecting *Mrs. Ganey - Tiger Talent* from the Teacher Page drop-down menu. While Tiger Talent generally meets once a week, the calendar of meeting times and events will change as events arise.

In order to be eligible, Tiger Talent participants must have no missing assignments, must follow the direction of the sponsor(s), and must be picked up on time. Not following directions, repeated absence from Tiger Talent due to missing assignments, or late pick-ups may result in dismissal from the program.

Student's Name

Grade

Student Signature

Parent/Guardian's Name (Please print)

Parent/Guardian's Signature

Date

Phone #1

Phone #2

email address

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Name

Relationship

Phone

Medical History that may be of importance:

Allergies: _____

Name of Child's doctor: _____
number: _____

Doctor's telephone

In case of an emergency involving my child, I give permission for Tiger Talent sponsor(s) to seek emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me.

I understand that all emergency and/or medical costs are my responsibility.

Parent/Guardian's Name (Please print)

Parent/Guardian's Signature

Date

RELEASE OF LIABILITY

I understand the Festus R-VI School District assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Festus R-VI School District, its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation in Tiger Talent.

Parent/Guardian's Name (Please print)

Parent/Guardian Signature

Date

STUDENT RELEASE PICK UP POLICY

As parent/guardian, I understand that I must pick up my child when Tiger Talent ends.

Parent/Guardian's Signature

Date

When I am unable to pick my child up, I give permission to the following people to pick up my child:

Name/Relationship

Phone Number

Name/Relationship

Phone Number

Name/Relationship

Phone Number

WAIVER OF PICK UP POLICY (OPTIONAL)

If I arrive later than the dismissal time or am unable to pick up my child for Tiger Talent, my child has permission to follow the procedure marked below:

I give my child permission to walk home.

***As parent/guardian, I understand that I hold Festus R-VI School District, its officers, agents, and employees harmless from any and all liability or claims which may arise out of or in connection with the Tiger Talent pick up policy.**

Signature of Parent/Guardian

Date

FIELD TRIP PERMISSION

I hereby give my child permission to attend all Festus Middle School Tiger Talent events as well as permission to ride Festus R-6 transportation to and from these events. In the event of an accident or sudden illness while on the school-related student field trip, I authorize school personnel to take whatever action is deemed necessary in their judgment for the health of said child including, but not limited to, authorizing medical treatment.

My child and I understand that participating in said events is a privilege and that improper actions and choices made both at school and during said events can affect participation in future events. In addition, further disciplinary action may be taken by the administration. All district policies and regulations are in effect on any school function as well as the high expectations and standards of the FMS Tiger Talent program.

I acknowledge that all information given on the front and back of this sheet is current and accurate, and that in the event of any changes, I will contact the school and inform them of new information.

Parent/Guardian Signature: _____ Date: _____

Student Name (Printed): _____ Grade: _____

Parent/Guardian Name: _____

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Phone Number: _____ Alternate Phone: _____