

**RENAISSANCE TALENT SEARCH PROGRAM  
MEDICAL INFORMATION AND FIELD TRIP PERMISSION SLIP**

**STUDENT INFORMATION:**

Child's Full Name (Talent Search Participant): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Child's Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**EMERGENCY CONTACT:**

Please provide **an emergency contact** / persons authorized to pick up your child from the **Talent Search Program**:

Name (First and Last): \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Gender:  M  F

**STUDENT'S INSURANCE / MEDICAL INFORMATION:**

Primary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does your child have diagnosed allergies?:  No  Yes - please list: \_\_\_\_\_

Does your child have asthma?:  No  Yes - if yes, please list inhaler information: \_\_\_\_\_

Please identify any other health / medical information we should be made aware of here: \_\_\_\_\_

**PLEASE READ THE FOLLOWING AND SIGN / DATE AT THE BOTTOM OF THIS FORM INDICATING THAT YOU HAVE READ AND UNDERSTAND ALL POLICIES:**

1. **Physical Activity:** I permit my child to participate in physical activity as a part of The Renaissance Education Group, Inc (agency).
2. **Field Trips / Learning Events:** I permit my child to attend field trips and other learning events with the agency.
3. **Academic Records Release:** I, the parent/guardian, authorize The Renaissance Education Group, Inc. to access or receive copies of academic and school records for academic assessment, program evaluation, and mandatory reporting.
4. **Image / Photo Release:** I authorize photographing or digital images to be taken of my child to promote the agency.
5. **Transportation:** I authorize the agency to transport my child for program activities. I release all claims and actions against the The Renaissance Education Group, Inc. (agency, staff, and board members) in the event of injury, death, or property damage or loss.
6. **Cell Phones:** I understand that my child is not to use his or her cell phone during organized activities, unless permitted by staff, and will be confiscated for failure to do so. In the event of confiscation, cell phones will be returned to a parent/guardian at the end of the event/activity.
7. **FERPA / HIPPA:** I understand the program may have access to my child's academic and medical records, but will ensure that the privacy and confidentiality standards under federal law are maintained.
8. **Indemnity:** I understand that program activities may involve inherent risks, and I hereby assume all risks and hazards incident to my child's participation in the program. I further waive, release, absolve, indemnify, and agree to hold harmless The Renaissance Education Group, Inc., it's programs, board, employees, volunteers, and vendors from any legal claims, liabilities, damages, and costs for any physical injury, death, or damage to my personal property or my child.
9. **Personal Items:** I understand that The Renaissance Education Group, Inc. is not responsible for any personal items lost or stolen.
10. **Inclement Weather:** I understand that programs are not available during inclement weather or office closings.
11. **Medical:** I consent to medical treatment at a clinic, medical office, urgent care facility, hospital and/or emergency treatment center as deemed necessary by the staff of The Renaissance Education Group, Inc., and the release of records to said parties. I consent to treatment, surgery, anesthesia, admission, and/or discharge as deemed necessary by the attending physician or medical professional.

I, the parent/guardian, have read and understand all policies and releases stated above, fully comply, and will contact the Project Director (Talent Search) or **The Renaissance Education Group, Inc.** if clarity is needed.

Parent / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The parent / guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the fiscal agent of this program to rely upon this representation for all purposes related to the program. Further, this form shall be submitted prior to any field trip, for each student, at the request of the agency.

**PLEASE RETURN TO THE PROGRAM DIRECTLY**

*(for record keeping purposes and federal reporting purposes, this form is good for ten years post signature)*