

Doss CCSD
Campus Universal Permission Slip
2021-2022

Dear Parents,

Throughout the school year, the students will be going off campus to various school sponsored activities, such as picture day, UIL, field trips, and/or hearing and vision screenings.

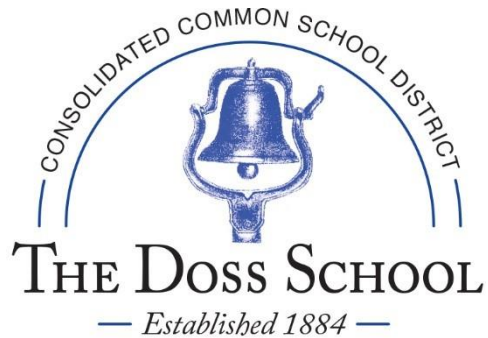
Please sign the attached universal permission slip form allowing them to participate in these outings during the 2021-2020 school year.

You will also be notified by email at the time of each school sponsored event and would have the option to “opt out” of any activity in which you did not want your child to participate.

If you have any questions or concerns, please do not hesitate to contact me either via email at estuder@doss.txed.net or by telephone at (830) 669-2411.

Respectfully,

Elise Studer
Administrative Assistant
Doss CCSD



Doss CCSD

Universal Permission Form

August 23rd, 2021 – May 26th, 2022

Student: _____ Grade: _____ DOB: _____

Parent/Legal Guardian: _____ Phone #: _____

Parent/Legal Guardian: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Relationship to Student: _____

Parental Consent:

I, _____ (Parent/Legal Guardian), hereby give permission for my child:

_____ (student's name), to attend and participate in any Doss CCSD school sponsored activities or events during the period of August 23, 2021 - May 26, 2022.

LIABILITY RELEASE: In consideration of Doss CCSD allowing the Participant to participate in school sponsored activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Doss Consolidated Common School District, its administrators, teachers, employees, volunteers and board members (collectively herein "Doss CCSD") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the school sponsored activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in school sponsored activities, including trips away from the school premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and school activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Doss CCSD for any liability sustained by said Doss CCSD as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/student to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Doss CCSD. My child/student and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

STUDENT’S MEDICAL INFORMATION:

Student’s Name: _____ Date of Birth: _____

Primary Care Physician: _____

Phone: _____ Fax: _____

Address: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

MEDICATIONS: List all medications the student will take during any trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL medications to the Doss CCSD Administrative Consultant in their original containers with complete dispensing instructions before the start of the event. Students are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian’s expense if they do.

Medication Name, Dosage (mg, mcg, unit, gram, etc.), Quantity to dispense, Route to administer medication, Frequency to dispense, Diagnosis, and any other medication instructions. [Please include approved OTC medications that the student may take]

All containers, tubes, inhalers, creams, etc. must have student’s name and date of birth either printed on a label by the pharmacy (for prescriptions) or written on container in permanent marker by parent (for OTC medications).

OTC or Rx	Medication: <i>Ex: Zyrtec</i>	Dose: <i>5 mg</i>	Quantity: <i>One Pill</i>	Frequency: <i>Every 24 hours</i>	Route: <i>Orally</i>	Diagnosis: <i>Seasonal Allergies</i>	Directions: <i>Give in the morning with food</i>

MEDICAL CONDITIONS: It is important to Doss CCSD that safety is maintained for your child and for all students attending Doss CCSD. In order to most effectively promote and maintain the safety of all students, Doss CCSD needs to be aware of medical conditions that the student has or may have. Please list all conditions below (even if a diagnosis has not been confirmed by a physician but is suspected by the parent). It is encouraged that all students be evaluated by their primary care physician on a routine basis per their physician requirements.

Condition:	Management:	Special Instructions/Needs:
<i>Example: Seasonal Allergies</i>	<i>OTC medications</i>	<i>Give Zyrtec once a day prior to outdoor activities</i>

Allergies: There are times throughout the school year when Doss CCSD will celebrate special occasions, birthdays, or other community sponsored events that may be held outdoors and/or may have foods that contain nuts, fish, etc. During these events, it is important that we are aware of all students' allergies. List any allergies that the student has or may have. Allergy is defined as an adverse reaction caused by the body's immune system in response to a foreign substance. If your child has an allergy, sensitivity, or any reaction to any substances (including but not limited to: medications, foods, environmental elements, etc.) please list the Allergy, Reaction, Severity, and Intervention below. Note: If an allergy is suspected but not confirmed, please also include in the list below. If additional precautions need to be implemented for the student's safety, please indicate this below. Thank you!

Allergy:	Reaction:	Severity:	Intervention:
<i>Example: Seasonal</i>	<i>Itchy/watery eyes</i>	<i>Mild-Moderate</i>	<i>Administer Zyrtec</i>

Additional Student Needs: Please explain any other pertinent information about the student (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

Over-the-Counter Medication Permission: Do you give permission for your child/student to be given over-the-counter medication as needed (and provided by you) and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a school sponsored event?

No _____ (initial). Contact me or get medical help if my child has any minor medical concerns.

Yes _____ (initial), I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Student Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____