

# Agreement for Participation Form

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## Cosmopolis School District Highly Capable Course Permission Form For All Related Activities

[PARENT/STUDENT REGISTRATION AND MEDICAL RELEASE FORM]

PARTICIPANT: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Name

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

✚ EMERGENCY CONTACT INFORMATION (PLEASE INDICATE NAME CONNECTED TO WORK/CELL #) :

Parent/guardian Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact other than Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ Medical Insurance #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Health History:

Please list any pre-existing or present medical conditions: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

**(Any prescriptions needed at any activity must be given to the Instructor for supervision, and have submitted dosage requirements) A Medical Release Form from Physician allowing for administration of medications must also accompany any medications.**

Allergies: Please be specific \_\_\_\_\_

(Include how to Treat)

Please mark if any of the following conditions exist:

\_\_\_ Hay Fever \_\_\_ Heart Condition \_\_\_ Diabetes \_\_\_ Bee/Insect Sting allergy \_\_\_ Epilepsy  
\_\_\_ Asthma \_\_\_ Physical Handicaps \_\_\_ Food Allergies

For any of the above conditions marked, please give details and appropriate treatment: \_\_\_\_\_

Any condition that would prevent him/her from participating in group activities not addressed above?

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**PARENT/GUARDIAN AGREEMENT FOR ALL HIGHLY CAPABLE ACTIVITIES:**

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in all the summer enrichment course activities: We as parents and guardians, understand that these activities, as in any activity for youth, does present the risk of injury.

If we, as parents or guardians, are not personally present at these activities in which the participant is to participate, so as to be consulted in the case on necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

My child has insurance. We as parents or guardians, authorizes transportation by Course Instructor or employee of the Cosmopolis School District to Highly Capable organized activities

PARENT/GUARDIANS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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