WINDHAM MIDDLE SCHOOL
Parental Consent and Release Form

I, _____, am the parent/guardian of _____, a minor, who desires to participate in the following school activity:

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described school activity.

In consideration of the permission granted to my child to participate in the above described activity by Windham Schools, I release and hold harmless Windham Schools, it's agents, employees, and officers, from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

In witness whereof, I have signed this document on the _____day of _____, 20_____.

_____
Parent/Guardian - Signature

_____
Address

_____
Telephone Number

ACADEMIC STANDARDS

In order for students to participate on any interscholastic team or extracurricular activity they must be in good academic standing. Any student who fails two or more subjects will not be allowed to participate in any extracurricular activity or interscholastic team. Determination of eligibility will be made at the time the mid-term report is printed and again at the closing of grades at each marking period.

If a student is failing one class, he or she will be suspended from the team or extra curricular activity for two weeks. If, during that time, a passing grade is earned, the student will be reinstated. If a passing grade is not earned after two weeks, the student will be permanently suspended from the team or extracurricular activity.

If a student should receive permission to drop an elective, French, Spanish or ILS, the grade he or she has earned will count toward eligibility for an extra-curricular activity if the student has been in the class for 50% or more of the marking period.

1. Please read entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
2. Fill in ALL the blanks neatly.
3. If you have more than one child participating, complete one form per child.
4. Please fill out the following Health Form.

WINDHAM MIDDLE SCHOOL
Health Information Sheet

Instructions:

This form will be provided to the doctor or medical personnel to which you child is taken in the event of a medical emergency while at a school sponsored activity. Please complete ALL sections as accurately as possible.

STUDENT'S NAME_____

HOME ADDRESS_____

TELEPHONE NUMBER_____ DATE OF BIRTH_____

EMERGENCY CONTACTS:

MOTHER_____ PHONE_____CELL_____

FATHER_____PHONE_____CELL_____

OTHER CONTACT_____PHONE_____CELL_____

DOCTOR _____ TELEPHONE_____

GENERAL INFORMATION:

FOOD OR DRUG ALLERGIES:_____

OTHER ALLERGIES:_____

DATE OF LAST TETANUS SHOT:_____

PRESENT MEDICATIONS:_____

CHRONIC MEDICAL PROBLEMS:_____

OTHER ITEMS OF CONCERN:_____

PARENTAL AUTHORIZATION

In case of medical emergency, in the event I cannot be reached, I authorize Windham Schools, its agents, employees, and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child or under the supervision of any duly licensed doctor, dentist or surgeon.

_____ _____

Date Parent/Guardian

_____ _____

Health Insurance Company Policy Number