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BASC/RACTC Event Permission Form: School Year 2023-2024

The following student has permission to attend and participate in Heavy Equipment Operations Hands-On Days.

**Student Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Illness, Injury & Insurance:**

In case a student is ill or injured during this activity, BASC and/or RACTC staff shall have the authority to take appropriate action to provide immediate medical care and/or ambulance service. Every reasonable effort will be made to contact the parents to obtain their approval prior to a decision to transport a student to a doctor’s office or hospital emergency room. However, unless the parent is able to come to the site immediately to attend to the child personally, BASC and/or RACTC staff shall have the authority to decide on a course of action and notify the parents as soon as possible.

Financial responsibility for hospital and medical care and/or ambulance service shall be assumed by the parents. Parents will be asked to provide either BASC or RACTC staff with a telephone number to be used in case of an emergency. This should be the number of a close relative or the number of the parent’s place of employment. The name of the family physician and the choice of a hospital should also be recorded.

**Medical Conditions:**

Does your child have any special medical conditions: drug or food allergies, diabetes, etc.? If yes, please explain the special medical conditions.

No: \_\_\_\_\_\_\_ Yes: \_\_\_\_\_\_\_\_ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital of Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BASC/RACTC Expectations for School Events: School Year 2024-2025

Throughout the school year, BASC and RACTC provide a range of opportunities for students and families to gather as an important means of building community and exploring educational and social opportunities throughout the state. Face-to-face events with teachers and staff serve to further develop a positive connection to the BASC/RACTC community**. These Hands-On events are to be considered an extension of the classroom and all school policies and procedures will be in effect throughout the duration of all school-sponsored outings or events. Unwanted behavior deemed cause for discipline in a typical school may be cause for exclusion from BASC and/or RACTC activities and/or disciplinary action.**

Parents/guardians are responsible for any costs incurred while attending these events. This includes, but is not limited to transportation, entrance fees, and meals.

***Other Allergies***

Students with known allergies (food or drug) must report these on the Outing Permission Form under medical conditions in order to attend these Hands-On events. While we are aware of several common allergies (such as peanuts and chocolate), it is necessary for us to be aware of all potential risks for our students. In order to ensure the safety of all of our students, it is imperative for our staff to be aware of all allergies. If a sibling or parent will be attending these Hands-On events and has a known allergy, please inform your Learning Coach/Administration, so that we can ensure the health and safety of all participants.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name: |  | | | |
| Student Signature: |  | Date: |  |
| Parent Signature: |  | Date: |  |

**Please sign and return to: george.adams@k12.nd.us**

**Note:** *Photos and videos may be taken at this Operating Engineers Pathway hands-on event. By allowing your student to attend the event, you consent to the use of photos and videos of your student, including for marketing purposes. Anyone attending the event with a student also consents to the use of photos and videos of them, including for marketing purposes.*