

Name

Grid for name entry with 'MI' in the middle.

First

MI

Last

Cell Phone Number

Grid for cell phone number entry.

Receive Text Messages on Your Cell (Circle)

Yes

No

Shirt size -- Circle S M L XL XXL XXXL

Your School Email

Grid for school email address entry.

Sign up for Remind 101: Text @moco to 81010

Follow us! Instagram: mocofbla5341 Facebook: Montgomery County FBLA #5341 Twitter: @mocofbla5341

Parent/Guardian Email

Grid for parent/guardian email address entry.

Class Schedule

Table with 3 columns: Period, Class, Teacher/Building. Rows include 1A, 2A, 3A, 4A, 1B, 2B, 3B, 4B.

Circle your grade:

Grade: 9 10 11 12

RETURNING MEMBER: YES NO If yes, list any competitive events and how you placed in the past.

Do you want to compete in this event again this year? YES NO

Is there an event you KNOW you want to compete in? _____

I agree to become a responsible member of Chapter 5341 and to adhere to the FBLA code of ethics.

Signature: _____ Date: _____

- Choose your membership option below: (make all checks payable to FBLA) [] \$12 Membership OR [] \$20 Membership with Chapter T-Shirt

_____ Cash _____ Check \$_____ Attached RECEIPT NUMBER: _____

MEDICAL RELEASE/PARENT PERMISSION FORM 2018-19

INSTRUCTIONS: Students, parents/guardians and teacher must complete this form for each student participant as a prerequisite for the student to attend this activity.

Student _____	Alternate Contact _____
Spouse (if married) _____	Address _____
Parent/Guardian _____	Phone (W) _____ (H) _____
Home Address _____	Phone (C) _____
Phone (C) _____	Adviser(s) <u>Barker, Blair, Davis</u>
Phone (W) _____ (H) _____	Administrator <u>Melanie Jamison</u>
Student's Doctor _____	School Phone <u>859-498-1103</u>
Address _____	School Fax <u>859-498-5960</u>
Phone _____	

Student covered by group or other medical insurance as follows:

Name of Insured _____	Insurance Co. _____
Group # _____	Policy # _____

Please describe completely any medical condition (past or present) being treated, which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicap, heart or lung problems, seizures, convulsions, blackouts, etc.) If currently taking medication, state the medication and prescribing physician and phone number: *(Attach separate form if necessary)*

Parent/Guardian please check one and sign:

I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any person listed above as soon as possible.

I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: _____ Date: _____

I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE DURING THIS ACTIVITY. I GIVE PERMISSION FOR _____ TO ATTEND ALL FBLA ACTIVITIES FOR THE 2017-2018 SCHOOL YEAR AND HEREBY RELEASE THE STATE AND LOCAL ORGANIZATION AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY STUDENT'S PARTICIPATION.

Signature of Parent/Guardian _____ Date: _____

Signature of Student _____ Date: _____



Education and Workforce Development Cabinet
Office of Career and Technical Education

Student Travel Consent Form
Release, Waiver, Discharge and Covenant Not to Sue

Return to Supervising Area Technology Center Official Prior to travel

Event: All FBLA related travel including field trips and competition

Purpose of Travel: FBLA Field Trips. Competition

Travel Start Date / Time: Aug 2018 Estimated End Date / Time: July 2019

Area Technology Center Official/s to Supervise Travel Activity: Angela Barker. Janie Blair. Cassidy Davis

Destination/s: Various-can include (but not limited to) Morehead. KY. Louisville. KY. Lexington. KY. San Antonio. TX

Special Needs-Medical or Other-Supervising Official needs to know of: _____

ACKNOWLEDGMENTS AND ASSUMPTION OF RISK.

1. I hereby acknowledge that, as a participant in the above-listed travel activity, I have been advised that participating in this activity, wholly or in part, carries with it certain risks. I have carefully identified, reviewed and considered the risks of travel to my destination/s;
2. I hereby acknowledge that I am voluntarily participating in the above-listed travel activity.

WAIVER AND RELEASE OF CLAIMS. I understand the risks, accept those risks, and I hereby knowingly, freely, voluntarily and intelligently agree to participate in the travel activity. I hereby release, waive, discharge and covenant not to sue the Education and Workforce Development Cabinet, its offices, departments, divisions, agencies, Area Technology Centers, officers, agents, instructors, teachers and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, during the travel activity, including traveling to and returning from the above-listed destination/s. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of the travel activity, including traveling to and returning from the above-listed destination/s. I further hereby agree to indemnify and save and hold harmless each of the releasees, both in their official and personal capacities, from any loss, liability, damage or costs that may incur as a result of my participation in the travel activity, whether caused by negligence of the releasees or otherwise. It is my express intent that this Release shall bind the members of my family and

spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

RULES AND REQUIREMENTS. I hereby further accept and agree to comply with all of the Area Technology Center rules, requirements, and policies for student behavior, as well as the instructions of the Area Technology Center officials supervising the travel activity, and agree that the Area Technology Center and its staff have the right to enforce such rules, standards, policies and instructions, and may impose sanctions for any behavior detrimental or incompatible with the interest or welfare of the Area Technology Center, its staff, the travel program, or the other students. If my conduct violates any such policies, rules, instructions or procedures, I understand that I may be required to leave the travel program in the sole discretion of the Area Technology Center's agents and representatives, and I may be subject to further discipline from the Area Technology Center, and I may be referred to the appropriate local School Board or School District for further disciplinary or other action.

SIGNATURE OF STUDENT (required regardless of age)

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN
(required if student is less than 18 years old)

DATE

PARENT'S NAME / ADDRESS / PHONE / E-MAIL:

COMPLETED FORMS MUST BE RETURNED PRIOR TO TRAVEL

Equal Education and Employment Opportunities M/F/D

School-Related Student Trip Permission Slips and Medical Release Form

Student's Name _____

School Year 18-19 Last Name School Montgomery County ATC First Name Grade _____ Middle Initial

Mark if trip is: OVERNIGHT OUT OF STATE Sports Team or Group/Club Events

Trip/Team/Group/Club: Details: ALL FBLA 18-19 Field trips & Competition; may include both day trips & overnight

List Student's Known Allergies: _____

List Student's Health Conditions: _____ IHP on file in health unit

List all medications (prescription and over the counter--OTC) that student takes at home and during the school day. Include as-needed any emergency medications. The parent/guardian is responsible for providing medications for all off campus trips/events, including weekend events, overnight and out of state trips.

*Medication Name (on label or box)	Dose Ordered	Time(s) Ordered	Taken @ School	Taken @ Home	**Written Authorization to Carry and Self-Administer?

(Add additional information on the back of form if necessary)

*All medications must be in the original container. Medications not authorized for student to carry and administer must be given to the staff member designated to provide health services or the supervising teacher/sponsor/coach for proper storage.

**For student to carry and self-administer: Prescription meds must have written authorization of prescribing healthcare provider and OTC medications must have written approval of parent/guardian.

UTILIZED FOR OVERNIGHT/OUT OF STATE FIELD TRIPS ONLY

STUDENT'S HEALTHCARE PROVIDER: _____ TELEPHONE: _____

STUDENT'S HEALTH COVERAGE: _____

(A copy of the student's health coverage/insurance may be attached if preferred.)

All transportation, fees, and details associated with this trip have been explained to me by the trip sponsor. I, the legal parent/guardian of the above named student, hereby give permission for my child to participate in the above-mentioned school-related student trip(s). All health information provided by me to the school for this field trip is correct and accurate to the best of my knowledge. I authorize trained school personnel to assist my child with his/her medication as my child's healthcare provider or I have directed if needed. In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to have my child transported by EMS to the nearest hospital and authorize treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature _____
Date

Parent/Guardian telephone/contact information: _____

Please return this form to your child's teacher/coach/sponsor.

