

Olentangy High School

Rules and Expectations:

Be Responsible

- * Come dressed with proper attire everyday: T-shirt (no spaghetti string or tank tops, wide shoulder ok) shorts and shoes.
- * Be here by **7:55 A.M.**, ready to start class @ **8:00 A.M.** Chronic tardy may result in extra activity to make up for time lost on task.

Be Respectful

- * Listen quietly and attentively while instructors are talking
- * Keep all negative comments to yourself
- * Handle all equipment with care
- * Follow all rules established by off campus facilities

Be Safe

- * Leave all equipment as is until told to use it
- * Show self-control during all activities
- * Follow all safety guidelines and bus rules

Have Fun

- * Learn and enjoy class activities

Field trip information for Olentangy High School:

Wed. July 7: PE I to Magic Mountain fun Center, cost \$6.00
PE II to Chiller North, cost \$6.00

Thur. July 8: PE I & II, in school, Adventure Activities, cost \$10.00

Tues. July 13: PE II to Delaware Lanes, cost \$6.00

Wed. July 14: PE I to Delaware Lanes, cost \$6.00

FIELD TRIP PERMISSION

As a Parent/Guardian of _____, I give my permission to travel by school vehicle for
(Student's name)
Physical Education field trips during the Summer School Session 2010. I understand all school rules will be followed while away from the building.

SIGNATURE OF PARENT / GUARDIAN

DATE

EMERGENCY CONTACTS

RESIDENTIAL PARENT OR GUARDIAN MOTHER'S FIRST AND LAST NAME	HOME PHONE ()
	WORK PHONE ()
RESIDENTIAL PARENT OR GUARDIAN FATHER'S FIRST AND LAST NAME	HOME PHONE ()
	WORK PHONE ()
OTHER PARENT, GUARDIAN OR RELATIVE'S FIRST AND LAST NAME - (RELATIONSHIP)	HOME PHONE ()
	WORK PHONE ()
IF PARENT OR GUARDIAN CANNOT BE REACHED - EMERGENCY CONTACT FIRST AND LAST NAME	HOME PHONE ()
	WORK PHONE ()

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

THIS SECTION MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

PHYSICIAN	OFFICE PHONE ()
DENTIST	OFFICE PHONE ()
MEDICAL SPECIALIST	OFFICE PHONE ()
LOCAL HOSPITAL	EM RM PHONE ()

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctors or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to a hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed as follows:

DATE

SIGNATURE OF PARENT / GUARDIAN

ADDRESS

CITY

ZIP