

**DEARBORN PUBLIC SCHOOLS
STILL STANDING PROGRAM**



APPLICATION/PERMISSION TO PARTICIPATE & ACCIDENT WAIVER FORM

(PLEASE PRINT)

Age _____

Student's Name: _____ Date of Birth: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ School: _____

Mother/Guardian's Name: _____ Home Phone : _____

Email Address: _____ Cell Phone : _____

Place of Employment: _____ Work Phone: _____

Father/Guardian's Name: _____ Home Phone : _____

Email Address: _____ Cell Phone : _____

Place of Employment: _____ Work Phone: _____

Relative/Neighbor who will assume temporary care of your child if you cannot be reached.

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

List any and all physical/medical conditions which may affect participation in any STILL STANDING Program physical activity. Please explain:

List any learning differences, psychiatric issues or family issues your child is dealing with: _____

List any medication student is taking: *(If your child is taking medication for ADD or ADHD, please don't take him/her off of their medication for the summer.)*

Family Doctor _____ Phone # where doctor can always be reached _____

Doctor's Address _____

PARENT/LEGAL GUARDIAN

I, _____, give my permission for my child to participate in the STILL STANDING Program and release the Dearborn Public Schools STILL STANDING Program from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants to activities. Transportation may consist of bus, van, or car. Activities will include field trips within city limits and extended field trips away from Dearborn Public Schools. A schedule will be provided.

I authorize the STILL STANDING Program leadership to transport the above name participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a STILL STANDING Program activity.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE THE NAMED PARTICIPANT CAN BE ASSIGNED TO THE PROGRAM.

DEARBORN PUBLIC SCHOOLS

STILL STANDING PROGRAM

Medication Authorization Form

(Fill out only if student will be taking medication during program time.)

Medication administered during program hours by program personnel requires written orders from a physician. Medication must be brought to the program site in a labeled pharmacist bottle each time a supply is sent.

Physician Authorization

Student's Name _____

Age _____

Medication _____

Dosage _____

Method _____

Time Frequency _____

For period from (date) _____

to _____

Reason for Medication: _____

Relevant Side Effects: _____

Special Instructions to STILL STANDING staff: _____

Physician's Signature _____

Physician's Name (printed please) _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____

Date _____

Parent Authorization

I request that the STILL STANDING Program personnel give my child:

(The medication ordered above by his/her physician)

Parent/Guardian Signature _____

Date _____

For medication to be administered at school, it must be supplied in original container, clearly labeled with the student's name, doctor's name, dosage, name of medication, and specific instruction on the time(s) for administering the medication.

STILL STANDING GROUND RULES

*RESPECT OTHER'S OPINIONS: YOU CAN AGREE TO DISAGREE.

*AVOID PUT-DOWNS, OF YOURSELF OR OTHERS.

*RESPECT PEOPLE'S PRIVACY: "I KNOW SOMEONE WHO..." (DO NOT USE THE PERSON'S NAME)

*ASK WHEN YOU DON'T UNDERSTAND OR WHEN YOU NEED HELP.

*ALWAYS ASK PERMISSION TO GO TO THE RESTROOM.

*GIVE EVERYONE A CHANCE TO SPEAK.

*LET OTHERS FINISH WHAT THEY HAVE TO SAY BEFORE YOU SPEAK.

*OUR DRESS CODE IS THE SAME AS YOUR DEARBORN ELEMENTARY, MIDDLE SCHOOL, OR HIGH SCHOOL.

*YOU MUST ADHERE TO THE DEARBORN SCHOOLS CORE VALUES.

*YOU WILL NOT LET YOUR WORDS OR ACTIONS HURT OTHERS.

*YOU WILL DO YOUR PART TO MAKE STILL STANDING A SAFE PLACE BY BEING KIND TO OTHERS.

*NO PROFANITY.

*NO TEASING OR BULLYING.

*TELL YOUR LEADER OR DIRECTOR IF SOMETHING MAKES YOU FEEL UNCOMFORTABLE.

*IF YOU DO NOT FOLLOW THE GROUND RULES, YOU WILL BE ASKED TO DISCONTINUE THE PROGRAM IMMEDIATELY.

If you understand and accept the rules - please sign:

PARENT: _____

STUDENT: _____

LEADER: _____