

STUDENT'S NAME:

CELL NUMBER:

MOTHER'S NAME:

CELL NUMBER:

WORK NUMBER:

OTHER NUMBER:

HOME ADDRESS:

WORK ADDRESS

EMAIL:

FATHER'S NAME:

MOTHER'S NAME:

CELL NUMBER:

WORK NUMBER:

OTHER NUMBER:

HOME ADDRESS:

WORK ADDRESS

EMAIL:

EMERGENCY CONTACT #1:

CELL NUMBER:

WORK NUMBER:

OTHER NUMBER:

HOME ADDRESS:

WORK ADDRESS

EMAIL:

EMERGENCY CONTACT #2:

CELL NUMBER:

WORK NUMBER:

OTHER NUMBER:

HOME ADDRESS:

WORK ADDRESS

EMAIL:

WHO WILL COLLECT THE CHILD AT THE SCHOOL:

CELL NUMBER:

HOME NUMBER:

INFORMATION WE SHOULD KNOW:

Student Rules and Regulations

Personal Behavior Contract

We at Beyer Robotics promote a travel atmosphere where chaperones and students support one another with genuine respect. As a student participant, it is your responsibility to help make the competition a positive and enjoyable experience for yourself, fellow students, and chaperones. All participants are expected to demonstrate high standards of conduct and to accept personal responsibility and consequences for their actions. You are expected to exhibit honesty, courteousness and consideration toward others. This includes those in your group, as well as anyone else with whom you may come in contact, such as parent chaperones, coaches, team members, members from other teams, guides and restaurant and hotel staff.

Our goal at Beyer Robotics is to make this trip an educational, safe, and enjoyable experience for everyone. We require your cooperation and commitment to the following behavior standards to help us meet this goal.

We expect the student/participant to obey the following rules of behavior:

- *The student is to follow the directions and the rules and regulations established by the chaperones both prior to and during the competition.
- *The student shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else in the group including the chaperones or mentors. (Remember that we are representatives of Beyer, Modesto, and the Central Valley.)
- *The student shall comply with all rules and regulations of the various governmental and vendor agencies (such as FIRST competition rules, airlines, hotels, etc.).
- *The student shall remain with the group at all times unless, and only if and when, the chaperones specifically allow you free time.
- *The student shall follow the directions of the program leader, chaperones, and mentors.
- *The use of hotel facilities carries with it the responsibility of leaving them in the same conditions in which they were found. The student is responsible for any damage.
- *Quiet hours at the hotel will be observed from 10:00 p.m. until 6:00 a.m. At 10:00 p.m. students must be in their rooms. Students must remain quietly in their rooms until the designated wake up time.
- *The student may never leave the hotel unless accompanied by a chaperone.
- *The student must sleep in his/her assigned hotel room each night.
- *Good common sense, respect and consideration for others and their property should be practiced daily.

Continued →

if the student should violate any of these rules, he/she may be sent home at the sole discretion of the chaperones. In such cases, the parent/guardian will be contacted and the student sent home at the parent's expense.

This is a school event. Consequently, the Modesto City School's Student Conduct Code is enforced. Any violations of the conduct code while on the trip will receive consequences outlined in the MCS Student Conduct Code upon return to school.

Student Contract

I have read, and I understand the behavior rules and regulations put forth by Beyer Robotics. I agree to comply with all of these rules and regulations.

Student signature _____

Date _____

Parent Contract

I have read, and I understand and support the rules and regulations put forth by Beyer Robotics. I represent that my child or ward has read the rules and regulations and has agreed to comply with all of them. It is understood that the signature on this behavior contract of one parent or guardian implies the consent of the other.

Parent signature _____

Date _____

MODESTO CITY SCHOOLS

Exhibit

E 6153 B

MODESTO CITY SCHOOLS

PARENTAL AUTHORIZATION FOR STUDENT TO PARTICIPATE IN DISTRICT APPROVED FIELD TRIP WITHIN STATE OF CALIFORNIA

_____ has my permission to attend
(Name of Student)

_____ which will take place
(Activity/Event)

at _____
(Facility) (Location/City)

Date of Event: _____ Class/Group Attending: _____

Time of Departure: _____ Time of Return: _____

Teacher or Leader: _____

Method of Transportation: _____

If Traveling by Automobile, Name of Driver: _____

I understand that all students going on this trip will conduct themselves properly, be responsible to the bus driver, to teachers, and adult sponsors. It is further understood that students will go and return from the event in the transportation provided.

(Parent/Guardian Signature)

(Date)

MODESTO CITY SCHOOLS

Exhibit

E 6153 C

WAIVER OF CLAIMS BY ADULT PARTICIPATING IN FIELD TRIP TO A FOREIGN COUNTRY OR OTHER STATE

TO: _____ School, MODESTO CITY SCHOOLS DISTRICT

As required by Education Code Section 35330, I hereby waive all claims, if any, I may ever have against the MODESTO CITY SCHOOLS DISTRICT and the STATE OF CALIFORNIA for injury, accident, illness, or death occurring during or by reason of my participation in a field trip to _____
(Place or Places)

taking place on _____
(Date(s) and Times)

Person to be Notified in any Emergency:

_____	_____
(Name)	(Phone Number)
_____	_____
(Street Address)	(City)

My Doctor's Name is: _____

Doctor's Address: _____

Doctor's Phone Number: _____

SIGNATURE: _____ Date: _____

Home Address: _____ Phone: _____

MODESTO CITY SCHOOLS
Exhibit

E 6153 E

MODESTO CITY SCHOOLS

**PARENTAL DELEGATION OF AUTHORITY
TO CONSENT TO MEDICAL OR DENTAL TREATMENT
FOR MINOR CHILD (CIVIL CODE SECTION 25.8)
(EXTENDED DAY, OVERNIGHT, OUT OF STATE/COUNTRY)**

TO: _____ School

We, the undersigned are the parents/guardian of _____,
(Student's Name)

birthdate _____, a minor, or I, the undersigned, am the sole parent having legal custody of said minor, or I, the undersigned, am the legal guardian, pursuant to order of the court, of said minor.

We, or I, hereby authorize any adult into whose care said minor has been entrusted to consent to X-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment and hospital care upon the advice of a physician, surgeon, or dentist licensed under the Medical Practice Act or Dental Practice Act.

Child's Blood Type: _____

Child's Medication Allergies (if any): _____

Special Instructions/Health Problems: _____

Date Signed: _____

(Father, or Legal Guardian, if any, Signature)

City: _____

(Mother's Signature)

(Witness' Signature)



MODESTO CITY SCHOOLS
Request For Administration of Medication At School

Student: _____ Birth Date: _____
 School: _____ Teacher: _____ Grade: _____

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER	
<p align="center"><u>Medication 1</u></p> Medication name: _____ Reason for Medication: _____ Dose: _____ Method of Administration: _____ Time of Administration: _____ Start: <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____ Stop: <input type="checkbox"/> End of Year <input type="checkbox"/> Other Date/Duration _____ <input type="checkbox"/> For Episodic/emergency events only Restrictions and/or important side effects <input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, Please describe: _____ Special Storage Requirements: <input type="checkbox"/> Refrigerate <input type="checkbox"/> None	<p align="center"><u>Medication 2</u></p> Medication name: _____ Reason for Medication: _____ Dose: _____ Method of Administration: _____ Time of Administration: _____ Start: <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____ Stop: <input type="checkbox"/> End of Year <input type="checkbox"/> Other Date/Duration _____ <input type="checkbox"/> For Episodic/emergency events only Restrictions and/or important side effects <input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, Please describe: _____ Special Storage Requirements: <input type="checkbox"/> Refrigerate <input type="checkbox"/> None

Health Care Provider's Signature: _____ Date: _____
 Phone# _____ Address: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

PARENTAL CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL

Parent(s)/guardian(s) of _____, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled container. I understand that this medication will be destroyed if it is not claimed within one week following the termination of the physician's authorization or one week beyond the end of the school year.

Parent/Guardian: _____ Date: _____
 Day Time Phone #: _____ Address: _____
 Principal _____ Date: _____
 School Nurse _____ Date: _____

This request **MUST** be updated annually.

California Code of Regulations, Title 5. Education
Article 4.1. Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day

§600. Authorization

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

- (a) the pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.
- (b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

CEC. 49423. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

Section 49423.1 is added to the Education Code, to read:

CEC. 49423.1. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.

Sec. 2. This act shall become operative only if Senate Bill 1912 of the 2003-04 Regular Session is enacted and becomes effective on or before January 1, 2005.



**REQUEST FOR SELF-ADMINISTRATION OF MEDICATION AT SCHOOL
(Only for Epi-Pen and Metered Dose Inhaler)**

Student: _____ Birth Date: _____

School: _____ Teacher: _____ Grade: _____

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

<u>Medication 1</u>	<u>Medication 2</u>
Medication name: _____	Medication name: _____
Reason for Medication: _____	Reason for Medication: _____
Dose: _____	Dose: _____
Method of Administration: _____	Method of Administration: _____
Time of Administration: _____	Time of Administration: _____
Start: <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____	Start: <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____
Stop: <input type="checkbox"/> End of <input type="checkbox"/> Other Date/Duration	Stop: <input type="checkbox"/> End of <input type="checkbox"/> Other Date/Duration
Year _____	Year _____
<input type="checkbox"/> For episodic/emergency events only	<input type="checkbox"/> For episodic/emergency events only
Restrictions and/or important side effects	Restrictions and/or important side effects
<input type="checkbox"/> None anticipated	<input type="checkbox"/> None anticipated
<input type="checkbox"/> Yes, please describe:	<input type="checkbox"/> Yes, please describe
Special Storage Requirements:	Special Storage Requirements:
<input type="checkbox"/> Refrigerate <input type="checkbox"/> None	<input type="checkbox"/> Refrigerate <input type="checkbox"/> None
<u>This is student is both capable and responsible for self administering auto-injectable epinephrine or inhaled asthma medication</u>	<u>This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication</u>
<input type="checkbox"/> Yes – Supervised <input type="checkbox"/> Yes – Unsupervised <input type="checkbox"/> No	<input type="checkbox"/> Yes – Supervised <input type="checkbox"/> Yes – Unsupervised <input type="checkbox"/> No
This student may carry medication:	This student may carry medication:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any additional information	Please indicate any additional information

Health Care
Provider's Signature _____ Date: _____

Phone # _____ Address: _____

**CONSENT
FOR SELF-ADMINISTRATION OF MEDICATION
RELEASE OF MEDICAL INFORMATION AND RELEASE OF LIABILITY**

I hereby consent for my child, _____ to self-administer the following medication during the regular school day or when attending school related activities:

Auto-injectable epinephrine Inhaled asthma medication

I also consent to disclose identifiable health information by the health care provider to the school nurse or other personnel designated by Modesto City School District.

I acknowledge that I have an obligation to notify the school if my child's medication, dosage, frequency of administration or reason for administration changes during school year.

I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue the District, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.

Date

Signature of Parent/Guardian

Date _____ Reviewed by School Nurse

(Signature) _____

Asthma Contract attached

Date _____ Reviewed by Principal

(Signature) _____

This request **MUST** be updated annually and medication claimed within one week beyond the end of the school year.

SCHOOL INHALER PROCEDURES

(Student)

(Grade) _____
(Teacher)

(Health Care Provider)

(Phone Number)

(Name of Medication)

(Dosage)

(Time to be administered)

Medication must be dispensed per procedures described on the Administration of Medication at School form. Inhaler must be labeled with the student's name.

Responsibilities for carrying respiratory inhalers:

Observed
YES NO

"Parent Request for Administration of Medication" form has been returned to school.

Student demonstrates correct use of inhaler.

Student agrees not to share inhaler with other students.

Student agrees to carry inhaler with him/her at all times.

Parent has provided a second inhaler to be kept in the Health Office.
If a second inhaler is not provided and student needs medication, the district will contact Emergency Services (911).

Student agrees to come to the Nurse's /School office if he/she continues to have difficulty breathing, wheezing, or experiencing chest tightness after using their inhaler.

(Student Signature and Date)

(School Nurse Signature and Date)

COMMENTS: _____

MY CHILD WILL BE RESPONSIBLE FOR CARRYING THIS RESPIRATORY INHALER DURING SCHOOL HOURS AND WILL SELF-ADMINISTER HIS/HER MEDICATION AS NEEDED. MY CHILD AGREES TO FOLLOW THE DISTRICT'S PROCEDURES REGARDING THE ADMINISTRATION OF THIS MEDICATION.

(Parent/Guardian signature)

(Date)

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CEC. 49423. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

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