WINGS WORKSHEET
(PLEASE PRINT CLEARLY)

Cadet/Student #__________________

Last Name:__________________________________First Name:_____________________ MI:____

Street:____City:_____________State:_____Zip:__________

Sex: ______Male_______Female Race: ____ American Indian (Check one)
____ African American
____ Asian/Pacific Islander
____ Caucasian
____ Hispanic
____ Other

Religious Preference :________________________________(optional, used to avoid schedule conflicts)

Date of birth: _______________ _____________ _______________
Month **Day** Year

Cadet E-Mail address: ____

Parent's E-mail address: ____

Grade Level: (circle one): 9 10 11 12

Initial Enrollment Date: _______________ _____________ _______________
Month Day Year

(Estimated) Graduation Date: _______________ _____________ _______________
Month Day Year

Home Telephone #:_______________________________Listed ______yes
______no

Parent/Guardian work telephone #:______________________EXT_________

Parent/Guardian Cell #:____________________________

Cadet Cell #:_________________________________

SSN:_____________________________(optional but, required for some field trips and awards)

Flight:______________________

AS Level (circle those that apply): AS-I AS-II AS-III AS-IV AS-IVH

AFJROTC Class Period (circle one) 1 2 3 4 5 6 7 8

Wellness Letter______ E2C Participant YES/NO

PALO VERDE HIGH SCHOOL
RULES GOVERNING SCHOOL TRIPS

Since the administration and teaching staff of Palo Verde High School assume the supervisory responsibilities of your son/daughter on school-sponsored trips, it is important that the student and parents fully understand our rules, which govern school trips. A school-sponsored trip is a continuation of the school day, and as such, students participating on these trips are subject to the rules and regulations, which govern our school while on campus. Because the students will be representing Palo Verde High School, and because their conduct, behavior, and safety is our responsibility, we have established the following guidelines which must be adhered to:

- Any student found to be in possession of, or using liquor or drugs will be left home if this determination is made prior to departure. Students will be subject to immediate arrest if found in possession of drugs, or under their influence.
- Rooms will be assigned by the advisor and may be changed <u>only</u> by the advisor.
- Under no conditions, nor at any time, will members of the opposite sex be in the same room without the presence of an authorized chaperone.
- By curfew time or the time established for bed check, students are to be in their assigned rooms and are to remain there for the rest of the night.
- No students will be allowed to leave the group on his own or with friends without the written permission of the parent or guardian and the prior approval of the assigned chaperone. This includes leaving in cars, cabs, buses, etc., other than the transportation arranged by the advisors.
- Students will be held responsible for any loss or damage to their assigned rooms.
- Students will refrain from making loud or aggravating noises, which might disturb other guests in the hotel or motel.
- The luggage and personal effects of the students are subject to inspection prior to departure, and at any time during the trip.
- Parents/guardians please understand that there may be times when students will be allowed “free” time and may not be under direct supervision of advisor/chaperones, but will have parameters established during this period.

Any students caught in an infraction of the above rules may be sent home at the parent’s expense and will be subject to further disciplinary action by the school, including possible loss of eligibility to participate in extra-curricular activities for a period of up to one year and forfeiture of participation on further field trips for the remainder of the school year.

______________________________ Student signature

______________________________ Parent’s signature

______________________________ Advisor’s signature

______________________________ Organization School year

This form applies for the organization and school year noted above.

MEDICAL PERMISSION FORM

(Please print clearly or type)

Name:_________________________________ Date of birth:_____/____/____ Home phone: (___)_____________
Last First MI

Address:____ Sex:___ Student ID:_____________________
Number & Street City State Zip

EMERGENCY INFORMATION

Parent's Name(s):____ Work phone: (___)_____________ or (___)_____________

Emergency Contact (if parents cannot be reached):____________________________________ Phone Number: (___)_____________

Physician's Name:____ Phone Number: (___)_____________

Who is responsible for medical payments? ☐ Insurance ☐ Individual

IF INSURED, Medical Insurance Company Name:_________________________________ Phone Number: (___)_____________

Address:____
Number & Street City State Zip

Name of Primary Insured:____ Group #: __________________

NOTE: Insurance coverage is not required for participation.

BRIEF MEDICAL HISTORY

Special Health Concerns:____

Asthma: ☐ Yes ☐ No
Diabetes: ☐ Yes ☐ No
Seizures: ☐ Yes ☐ No
Heart Problem: ☐ Yes ☐ No

Allergies ☐ Yes ☐ No
Other: ____
(includes pregnancy, recent surgery, or other chronic conditions)

Current Medications:

Medication:	Dosage per day:
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

Note: If your child is taking mediation regularly, please bring a supply in a labeled container. (Please Note: Prescription medication requires a current prescription label. Over-the-counter medication must be accompanied by an order from a licensed health care provider.)

Should activity be restricted? ☐ Yes ☐ No If yes, please explain:____

Are there any prescription or non-prescription drugs that should NOT be administered?_____________________________________

The trip advisor(s) may provide my child with: ☐ Tylenol ☐ Advil ☐ Either ☐ Neither

I, the parent or legal guardian of ______________________ (my child), authorize and direct the Clark County School District to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment of such care. I release CCSD, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

Parent or Guardian Signature:____ Date:______________________

Clark County School District

Field Trip Permit

______________________________ ______________________________

Printed Last Name of Cadet Printed First Name of Cadet

I understand that during the school year my child may take part in field trips and educational excursions, either in a bus, by private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from school and that the adult will take all necessary precautions to protect my child from harm and injury.

In the event my child is injured or becomes ill while away from school on any of the aforementioned trips, I understand that the chaperone will immediately seek medical attention for my child and contact me as soon as possible. I further hereby agree to hold the Clark County School District, its employees, and agents harmless of any injury or sickness directly caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or sickness occurs during any of the aforementioned trips.

I understand that I may revoke this permit any time and either refuse to allow my child to take a field trip or to request that my child take certain field trips which I feel would be to his/her advantage. If I desire to take either of these actions, I will notify the principal of the school in writing stating these requirements.

____________________ ____________________________________

Date Signature of Parent or Guardian

I do not wish my child to take part in the aforementioned field trips.

____________________ ____________________________________

Date Signature of Parent or Guardian

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Emergency Transportation Approval

This is to certify that I/we, the parent(s)/guardian(s) of ____ give full permission to high school Junior ROTC personnel or administrators, at practices, field trips, or at competitions, in town or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment.

I/We understand that every effort will be made to contact parents/guardians immediately, but should there be difficulty, I/we will not hold any high school representatives responsible for any costs or liabilities associated with such actions.

Name in Full: ____

Address: ____

____

____

Phone: ____

Signature: ________________________________ _____________________

Father Date

Signature: ________________________________ _____________________

Mother Date

Signature: ________________________________ _____________________

Guardian Date

Use the space below to indicate if your child has any allergies or needs special attention. Also indicate whether a certain hospital and/or doctor is preferred in case of an emergency.

Clark County School District

JROTC Insurance Waiver – Student

I certify that my child, ____________________________________, has full health and
Name of Student

accident coverage with ___________________________________, _________________,
Name of Carrier — Policy Number

which expires on ________________________.
Expiration Date of Policy

This policy covers any and all accidents and injuries that may be sustained while engaging in any extracurricular JROTC activity. In the event of cancellation of the above policy or substitution of the policy, I will immediately notify the school principal of such action.

________________________________ ____
Signature of Parent/Guardian — Address

________________________________ ______________________
School — Date

Palo Verde JROTC: "To Prepare Students Through Citizenship"