



COLLEGE FAIR & CAREER NIGHT

AT THE JAMESTOWN CAMPUS

50+ COLLEGES & 80 CAREER

AREAS REPRESENTED

TUESDAY OCTOBER 21ST

6:00 P.M. TO 7:30 P.M.

OPEN TO STUDENTS IN GRADES 7 TO 12.

MEET AT THE ALLEGANY COMMUNITY CENTER, MPR

FROM 4 TO 5 FOR PIZZA. BUS WILL LEAVE AT

5:15 AND RETURN APPROX 8:30 P.M.

PARENTS WELCOME TO ATTEND FIELD TRIP

PERMISSION SLIPS CAN BE PICKED UP AT ALLEG EDUCATION,

SUE BLACKSNAKE, MERIDITH OR KIM AT THE HIGH SCHOOL.

LIMIT OF 28 SEATS ON THE BUS. CONTACT

NANCY.TOTH@SNI.ORG OR 945-1790 EXT 3103

**Seneca Nation of Indians - Education Department
Field Trip Permission Form**

Student Name: _____ Grade: _____

Teacher/Organization/Advisor: SNI Education – Nancy Toth Ph 945-1790 ext 3103

Trip Destination: Jamestown Community College, Jamestown Campus, College & Career Fair

Other Stops: none Depart & Return to ACC

Date of Trip: Oct. 21, 2014 Departure Time: 5:15 p.m. Return Time: 8:30 p.m.p.m.(approx.)

PART I or II must be completed.

Purpose: To enable parent/guardian to authorize the provision of emergency treatment for children who become ill or injured under school authority when the parent/guardian cannot be reached.

This section must be completed.

In the event of an emergency please contact me at _____ or _____ (phone numbers).
I hereby give consent for the: Administration of any treatment deemed necessary by Dr. _____ (physician). The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians 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, medication being taken, and any impairments to which the physician should be alerted: _____

Name of Insurance Carrier and Policy Number:

Parent or Guardian Signature

Part II

DO NOT COMPLETE THIS PART IF YOU COMPLETED PART I

I do not give my consent for emergency medical treatment for my child. Instead school officials should:

Parent or Guardian Signature

Date:

Student's Compliance: "I hereby verify that I have read and will comply with the conduct and behavior code which is published in the Student Handbook".

Student Signature: _____ Date: _____

Parent's Compliance: "I hereby relieve Seneca Nation of Indians of all responsibility beyond that of normal supervision".

Parent or Guardian Signature: _____ Date: _____

Authorization of Consent

I, _____, give my consent for my child/ren _____ <
_____, to participate in any type of multimedia that may be used to promote the Allegany Education Dept. I give consent for my child to participate in photos and/or audio recording while participating in the activity.

Parent/ Guardian Signature Date _____