

Math Science Expedition Application August 12, 2021-August 23, 2021 tentative



Student Name (Please Print)	X Student Signature	Date
Parent Name or legal Guardian (Please Print)	X Parent Signature (or Student Signature if 18 or older)	Date
Student Cell Phone Number	Parent or Emergency Contact Phone Number	Optional Emergency Contact Phone Number
Mailing Address	City	Zip
Grade Level (Fall 2020)		

Airplane or Boat will bring student to Aniak on Thurs August 12. We depart by boat for Bell Creek on Fri, August 13. Students will return by boat to Aniak on Sun, Aug 22. Airplane or boat will return students home on Mon August 23.

Student Behaviors and Expectations

You are representatives of and ambassadors for you school, teachers, family, community, and self. You are expected to conduct yourself in a responsible and mature manner at all times.

What you "SHOULD NOT" bring to camp:

- Alcohol, controlled substances or drug paraphernalia;
- Weapons, firearms, knives, or any object that poses danger to oneself and/or others;
- Tobacco products, including cigarettes, chew, snuff, iqmik, marijuana, etc.

Consequences for use or possession of alcohol, controlled substances, paraphernalia, weapons or tobacco products are as follows:

- Immediate disciplinary action, including prompt dismissal from the program;
- Possible legal action.

YES NO I have read and understand the above expectations and agree to abide by them during this program. I also understand willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my respective school district, parent or guardian's expense.

Medical Consent Form

Insurance Information	Group Number	Medicaid Number
<p>Please answer the following questions:</p> <p>Does your child have any allergies? <input type="checkbox"/></p> <p>Current Medications to include over the counter medicines? <input type="checkbox"/></p> <p>Does your child have a heart murmur or rheumatic heart disease? <input type="checkbox"/></p> <p>Has your child ever had T.B.? <input type="checkbox"/></p> <p>Is there anything else we should know? <input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
	Specify	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

YES NO I give consent to emergency medical treatment to include medevac, hospitalization, or medical treatment to include medicines or procedures as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider to include but not limited to ETT, RN, NP/PA. I understand that every effort will be made to contact me before treatment; however, if I am unavailable or the medical provider does not have access to phone service I give permission for the medical provider to treat my child in the event of an emergency. I hereby waive on behalf of myself and the above named child any liability of the Kuspuk School District Employees and Excel Employees or any of its agents or volunteers, arising out of such medical treatment. I hereby give my consent for the above student to engage in ASAA or School District approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the team or group as a member of its out-of-town trips. I understand the Board of Education or ASAA does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the school programs. I also understand that accident insurance coverage is my responsibility.

YES NO I give consent for my child to be COVID 19 tested during the MSE.

Media Consent Form

We may be recording (audio, video, and digital stills) teacher and student activities associated with Kuspuk School District including, but not limited to the GRI Program. These recordings may be used for educational and informational use in a variety of media ranging from our website, Facebook, and Kuspuk newsletters to GRI promotional videos. All recorded material is the property of Kuspuk school District.

YES NO I give permission for my son/daughter to participate in any video/tape recording and photography that may become part of materials or products that could be shared with school district and business partners. I understand the intention of the recordings/photos and the purpose of the programs, as stated above.