

AFJROTC PARENTAL PERMISSION FORM

Buchholz High School, Gainesville, Florida

2014 - 2015 School Year

Over the course of the school year, we will be offering various co-curricular activities in AFJROTC to broaden your student=s understanding of Aerospace Science. These activities are many, varied and can turn into a logistical nightmare attempting to get parental permission slips for the 100+ students for each individual event. With this in mind, we request your help in providing a blanket approval for your student to participate in the below listed events. Any additional events that pop-up during the year will require a separate approval from you and would be sent home with your student. By signing this form, you are hereby granting your student approval to participate in these events and authorizing the AFJROTC instructors to transport these students to and from these activities with the transportation means listed. If at any time during the year you wish to terminate this permission form, you can do so by calling the AFJROTC Department at Buchholz High School, 955-6702 extension 290/291 and advising us of your desired changes. The following provides the list of activities planned for the upcoming school year. Dates, although listed for many of the events, are tentative and could change due to scheduling conflicts. We will accept your initials as approval for the respective event regardless of the actual date of occurrence. **Please annotate which of the below listed activities you approve your student to participate in by initialing the block next to the activity and then complete and sign the statement on the back of this form.**

<u>ACTIVITY</u>	<u>DATE</u>	<u>TRANSPORT MODE</u>	<u>PARENT INITIALS</u>
1. Drill Team (events throughout the year including out of town drill meets and local activities, such as	Open	school/commercial bus;	1. _____
2. Color Guard (same type of activities as Drill Team)	Open	private auto	2. _____
3. Fund-raisers (throughout the year to offset program costs for student participation in events	Open	school/commercial bus;	3. _____
		private auto	
		normally parent provided	
4. Community Service Projects:			
a. Adopt-A-Highway	Quarterly		
b. Nursing Home Visits	Open	parent provided	4a. _____
c. Special Olympics	Open	parent provided	4b. _____
5. Field Days (picnic/sporting competition)		parent provided	4c. _____
a. Fall Field Day	Fall 2014		
b. Spring Field Day	Spring 2015	parent provided	
c. End of Year Trip	Apr 2015	parent provided	5a. _____
6. Base Visit		school/commercial bus	5b. _____
	TBD		5c. _____
7. Air Show (NAS Jax or Moody AFB)		school/commercial bus	6. _____
8. Gator Homecoming Parade		school/commercial bus;	
	Oct/Nov	private auto	7. _____
9. Theme Park Visit	2014	parent provided	8. _____
	Mar/Apr		
10. Aircraft Orientation; tour of military and civilian aircraft	2015	school/commercial bus;	9. _____
	Open	private auto	
		school/commercial bus;	
		private auto	10. _____
11. Recruiting visits - local middle schools	Feb-Apr		
	2015	Instructor/Parent car pool	11. _____

CERTIFICATION OF PERMISSION

I hereby grant permission for _____, to participate in the above initialed, on and off-campus AFJROTC sponsored activities during the 2013-2014 academic year and authorize incidental stops enroute and on return from these activities when determined to be necessary or desirable. I understand that the method of transportation will be as indicated on the reverse side of this form and that my student will only be eligible for these activities if he/she has a valid insurance statement on file with us.

I consent to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, injury or medical expense of and to my child or our property from such participation. I attest that my student is physically fit and able to participate in the activities. (SEE NOTE BELOW)

I further agree to inform the appropriate school official(s) should my child=s physical condition change in any way and any time so as to effect his/her participation in the activities that I have authorized. I also understand that providing my approval does not guarantee my student will participate in these activities; participation will be determined by ability as it relates to competitive activities, such as Drill Team, and by available space/transportation on all other activities.

Student Signature/Date

Parent Signature/Date

Home Address

Home Phone #

Emergency Phone #

NOTE: If there is any physical condition to the contrary or any medical condition affecting your student that faculty and parent chaperones should know, please describe the condition in the medical information space provided below.

MEDICAL INFORMATION

This section is very important!!! It is needed to assist the school and teacher-in-charge in assuring your child=s well being. Please list any known allergic reaction (bees, ants, medication, etc.). Indicate any condition such as asthma, diabetes, seizures, or any other medical condition that we should be aware of. Feel free to call the school in advance of the activity date to discuss any specific health concerns.
