

# PARENT AUTHORIZATION FORM

## 1. AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM THEIR PARENTS

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent email \_\_\_\_\_ Student email \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I, the undersigned, parent or legal guardian of above-named student, a minor, am familiar with the program and the general nature of activities planned during the Western Suffolk BOCES Marine Studies Enrichment Program, and to the best of my knowledge the above information is correct and my child is capable of participating in and has permission to engage in all activities.

I do hereby authorize Jennifer Cressy and/or John Shiels (Lead Teachers) as our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician at the nearest hospital with facilities appropriate to my child's injury/illness. I agree to the release of any records necessary for medical treatment or insurance purposes. This authorization shall remain effective until (day after the last day of the trip) unless sooner revoked in writing delivered by said agents.

## 2. FIELD TRIP AUTHORIZATION

The above-named student has my permission to participate in all field trips as part of the Western Suffolk BOCES Marine Studies Enrichment Program including (but not limited to):

Sunken Meadow Creek and Salt Marsh, Kings Park; SUNY Stony Brook Boat Excursion, Southampton; West Sayville Maritime Museum, West Sayville; \*Sayville Ferry to Sunken Forest, Fire Island; Old Ponquogue Bridge Marine Park/Fishing Pier, Hampton Bays; \*Ponquogue Beach, Hampton Bays; Elizabeth Morton Wildlife Refuge, Noyac; Squire Pond Salt Marsh, Hampton Bays; Atlantic Marine Conservation Society, Westhampton.

**Regarding boat activities:** if prone to motion sickness, participants may wish to consult a doctor or pharmacist to purchase an over-the-counter medication for use while on boats (relatively flat water). **NOTE: These, as with any medications, need to be documented with physician approval on residential health form.**

## 3. PHOTO RELEASE

Please check the box if you **DO NOT** give permission for photos of your child participating in the program to be used by Western Suffolk BOCES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Parent or Legal Guardian