2024 North Dakota Lineworkers and Electricians Parent or Guardian Permission Form, Medical and Media Release Form

\*Participant’s Home Address and Email are required. Do not use school information.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participants Name | | | | | | | | | | | Date of Birth | | | | | Age | |
| Home Address | | | | | | City | | | | | State | | | | | Zip Code | |
| Home Telephone | | Cell Phone | | | | | Email Address | | | | | | | | | T-Shirt Size | |
| Parents ‘Guardians’ Name | | | | | Parents’ Phone | | | | Medical Insurance Co. | | | | | Policy Number | | | |
| Known Allergies | | | | | Last Tetanus Received | | | | | | | Medication Currently Taking | | | | | |
| History of (Please circle)  Heart Condition Diabetes Asthma Epilepsy Rheumatic Fever Other – explain: | | | | | | | | | | | | | | | | | |
| Any physical restrictions or other conditions? (Please Circle) No Yes If yes – explain: | | | | | | | | | | | | | | | | | |
| **In the event we are unable to reach Parent / Guardian, please list nearest relative and family physician.** | | | | | | | | | | | | | | | | | |
| Relative Name | | | Relative Phone | | | | | Physician Name | | | | | | | Physician Phone | | |
| School you Regularly Attend | | | | School Address | | | | | | | | | City | | | | State |
| School Phone | School Administrator | | | | | | | | | Grade Entering Fall 2024 | | | | | | | |
| Sponsor | Sponsor address | | | | | | | | | Sponsor Phone Number | | | | | | | |

**MEMBER OBLIGATION**

While attending any Lineworkers / Electricians function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my school, community, sponsor and family.

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Signature of Participant Signature of Parent / Guardian

**PARENT/GUARDIAN OBLIGATION**

Please circle to attest that your student is: Under the age of 18 Over the age of 18

I, the parent/guardian of the above named student do hereby grant permission for him/her to attend activities for the 2024-2025 Lineworkers/Electricians program. I authorize adult advisors/chaperone’s to routinely check member’s room to ensure that students adhere to policies established by the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless the Career and Technical student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above-named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

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Signature of Parent/Guardian

**MEDIA PERMISSION**

We authorize the Lineworkers / Electrician Program, Bismarck Public Schools and Bismarck State College to distribute for publication the above member’s name and/or picture and any results of leadership activities OR competition. Examples would include printed publications, social media, web pages, radio, etc. (Note: At no time will addresses, phone numbers or personal information be published.)

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Signature of Participant Signature of Parent/Guardian

When completed please return to:

Kent Ellis

Bismarck Career Academy

1221 College Drive

Bismarck, ND 58501