

INDIAN AFFAIRS DIRECTIVES TRANSMITTAL SHEET

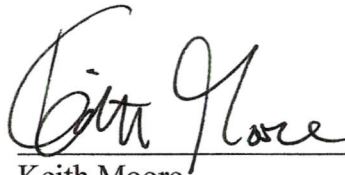
(modified DI-416)

DOCUMENT IDENTIFICATION NUMBER 30 IAM 9	SUBJECT Permission Slip for Extracurricular Activities	RELEASE NUMBER #09-31
FOR FURTHER INFORMATION Bureau of Indian Education		DATE 04-09-2010

EXPLANATION OF MATERIAL TRANSMITTED:

The **Permission Slip for Extracurricular Activities** form shall be used by schools to obtain parent/legal guardian approval for students to participate in proposed student field trips and extracurricular activities. The slip shall be used to obtain students' agreement to act in accordance with instructions, directions and safety rules.

The Bureau of Indian Education (BIE) is committed to promoting and providing a safe and nurturing environment for all students participating in field trips and extracurricular activities.



Keith Moore
Director, Bureau of Indian Education

FILING INSTRUCTIONS:

Remove: None

Insert: 30 IAM 9

INDIAN AFFAIRS MANUAL

- 1.1 Purpose.** The Bureau of Indian Education (BIE) is committed to promoting and providing a safe and nurturing environment for all students attending extracurricular activities. The **Permission Slip for Extracurricular Activities** form shall be used by schools for proposed field trips and extracurricular activities to obtain parent/legal guardian approval for students to participate in. The slip shall be used to obtain students' agreement to act in accordance with instructions, directions and safety rules.
- 1.2 Scope.** This policy applies to student field trips and extracurricular activities at BIE-operated schools.
- 1.3 Policy.** A. BIE-operated schools are to use the **Permission Slip for Extracurricular Activities** form for all proposed trips and extracurricular activities. The form is to be completed by the school and the parent/legal guardian before the student participates in a field trip or extracurricular activity. B. Notices of the risks associated with particular trips or activities shall be sent to parents/guardians in advance of the trip or activity. The notices must be signed by a parent or guardian before students participate in the trip or activity.

This form is to be completed by the school at the beginning of each school year for all of the proposed student field trips and extracurricular activities. The form will be transmitted to the student and his/her parent/legal guardian for signature and returned to the school. If a student is to participate in a field trip or extracurricular activity for which the school does not have a signed permission slip from a parent/legal guardian, the school shall obtain a signed permission slip from a parent/legal guardian before the student participates in the trip or activity.

- 1.4 Authority.** 25 U.S.C. § 200b et seq.
- 1.5 Responsibilities.**
 - A. Deputy Director, Bureau of Indian Education School Operations** is responsible for assuring that Education Line Officers implement the policy.
 - B. Education Line Officers** are responsible for ensuring the policy is in place at the schools.
 - C. School Principals** are responsible for adherence to the policy.

Bureau of Indian Education

Permission Slip for Extracurricular Activities

Please print:

Student's Name:		DOB: __ / __ / __	Grade:	Teacher:
Parent's or Guardian's Name:		Phone Numbers: () _____ - _____ <i>home</i> () _____ - _____ <i>work</i> () _____ - _____ <i>other</i> _____ <i>email</i>		
Street Address: City, State, Zip Code				
Doctor's Name:		Phone Number: () _____ - _____		
Health Plan Name:				
Health Plan Policy #: or home IHS Facility				
Health Problems (If any):				
Allergies:				
Medications (If any):				
Special Instructions (If any):				
1 st Emergency Contact Name:		Phone Numbers: () _____ - _____ <i>home</i> () _____ - _____ <i>work</i> () _____ - _____ <i>other</i>		
Relationship to Student:				
2 nd Emergency Contact Name:		Phone Numbers: () _____ - _____ <i>home</i> () _____ - _____ <i>work</i> () _____ - _____ <i>other</i>		
Relationship to Student:				

Notice of Risk

There are inherent risks involved when participating in any activities including:

- (a) Risk of permanent injury, harm, or death to persons.
- (b) The potential of any participant to act in a negligent manner that may contribute to injury of the participant or others.

I understand and assume the risk of serious injury as a result of participating in extracurricular activities. Furthermore, I understand that _____ (Name of School), its teachers, and employees reserve the right to terminate my child's participation in the extracurricular activities for any reason, including but not limited to failure to behave or act in accordance with instructions, directions, or safety rules. I have read these risks and knowingly and voluntarily give permission for my child's participation in the extracurricular activities.

(Parent or legal guardian signature) (Date)

I agree to act in accordance with instructions, directions and safety rules from my teachers and other authorities involved in field trips or extracurricular activities in which I participate.

(Student signature) (Date)

EXTRACURRICULAR ACTIVITIES

I am the legal guardian for, _____ [student's full name], and give permission for this child to participate in the following extracurricular activities [Please **initial** each of the activities in which you will allow your student to participate]:

School should list potential extracurricular activities planned

- _____ (initial)
- _____ (initial)
- _____ (initial)
- _____ (initial)

It is our intention to provide your child with a safe and enjoyable experience that may not be otherwise obtainable during the traditional school day. If you have any questions about the extracurricular activities or are interested in volunteering as a chaperone, please contact:

_____ (Name of School Employee)

_____ (Phone Number)

Bureau of Indian Education

Permission Slip for _____
(individual activity to be noted)

Please print:

Student's Name:		DOB: __/__/__	Grade:	Teacher:
Parent's or Guardian's Name:		Phone Numbers: () _____ - _____ <i>home</i> () _____ - _____ <i>work</i> () _____ - _____ <i>other</i> _____ <i>email</i>		
Street Address: City, State, Zip Code				
Doctor's Name:		Phone Number: () _____ - _____		
Health Plan Name:				
Health Plan Policy #: or home IHS Facility				
Health Problems (If any):				
Allergies:				
Medications (If any):				
Special Instructions (If any):				
1 st Emergency Contact Name:		Phone Numbers: () _____ - _____ <i>home</i> () _____ - _____ <i>work</i> () _____ - _____ <i>other</i>		
Relationship to Student:				
2 nd Emergency Contact Name:		Phone Numbers: () _____ - _____ <i>home</i> () _____ - _____ <i>work</i> () _____ - _____ <i>other</i>		
Relationship to Student:				

There are inherent risks involved when participating in _____ (name activity) including:

1. _____
2. _____
3. _____
4. _____
5. _____

I am the legal guardian for, _____ [student's full name], and give permission for this child to participate in the following activity:

I understand and assume the risk of serious injury or death as a result of my child participating in _____ [name activity]. I understand these risks and knowingly and voluntarily give permission for my child to participate.

(Parent or legal guardian signature) (Date)

I agree to act in accordance with instructions, directions and safety rules from my teachers and other authorities involved in field trips or extracurricular activities in which I participate.

(Student signature) (Date)

EXTRACURRICULAR ACTIVITIES

I am the legal guardian for, _____ [student's full name], and give permission for this child to participate in the following extracurricular activities [Please **initial** each of the activities in which you will allow your student to participate]:

School should list potential extracurricular activities planned

_____ (initial)
_____ (initial)
_____ (initial)
_____ (initial)

It is our intention to provide your child with a safe and enjoyable experience that may not be otherwise obtainable during the traditional school day. If you have any questions about the extracurricular activities or are interested in volunteering as a chaperone, please contact:

_____ (Name of School Employee)

_____ (Phone Number)