

Cedarcrest High School

Pre-arranged Absence Request – Individual / Personal

STUDENTS, PLEASE NOTE THE FOLLOWING PROCESS:

- Obtain Signatures from current teachers
- After all teachers have signed off, obtain parent/guardian signatures
- Submit the completed form to the Attendance Office **BEFORE** the date(s) you miss

Student _____ Grade _____

Date(s) of Absence _____

Reason for Absence _____

Student Signature _____ Date _____

TO BE COMPLETED BY THE TEACHERS

| Teachers initial the appropriate space | Period 0 | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 |
|---|----------|----------|----------|----------|----------|----------|----------|
| Assignments MUST be submitted prior to absence | | | | | | | |
| Student MUST make up work | | | | | | | |
| Student need NOT make up work | | | | | | | |
| Absence may lower grade or cause Student to fail | | | | | | | |
| Work CANNOT be made up | | | | | | | |

Comments: _____

Parent/Guardian Statement: I have seen the teacher comments and am aware of the effect this absence may have on my student’s academic progress.

PRE-ARRANGED ABSENCES WILL BE INCLUDED IN THE TOTAL ABSENCE COUNT PER SEMESTER. COMPLETING A PRE-ARRANGED ABSENCE REQUEST DOES NOT GUARENTEE A GRANTED APPEAL IF A STUDENT GOES OVER 15 ABSENCES. PLEASE REFER TO YOUR STUDENT HANDBOOK OR CALL THE ATTENDANCE OFFICE IF THERE ARE QUESTIONS.

Parent / Guardian Signature _____ Date _____

Field Trip Cedarcrest High School

STATEMENT OF RISK / PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood, and agreed to the following:

Medical Conditions, Daily Medication Needs (including number of dosages sent with your student) or Allergies the Field Trip Advisor or School Nurse should be made aware of:

DAY TRIP INFORMATION

I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named student. I understand every effort will be made to contact me to the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for your student, neither she/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I have seen the teacher's comments and am aware of the effect this may have on my son / daughter's academic progress.

ADDITIONAL INFORMATION FOR EXTENDED TRIP

I have read the attached itinerary and understand that the school district will make every reasonable effort to provide a safe environment. I understand that if my child is taking daily medication, it is my responsibility to relay that information to the field trip coordinator or school nurse, along with the necessary authorization. I am fully aware of the special dangers and risks inherent in participation in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of Parent/Guardian

Date

To best support the health needs of our students during overnight field trips, we require the following items to be submitted to the school nurses prior to the trip (forms can be found on the CHS website → Parents & Students → Health):

1. Student Health Record Form

Please complete the Student Health Record form and submit it to the school nurses only if your student has any new health conditions we need to be aware of. If you are unsure or if it's been a while since you last submitted this form, please complete it.

2. Medication Authorization Form

If your student takes prescription medication at home that they will need during the trip, please complete the Medication Authorization form. This form must be signed by both the healthcare provider and a parent/guardian before the trip. Each prescription medication requires its own form.

o Self-Carrying Medications: If your student can self-administer their medication(s), please check the appropriate box on the form. They will then pack and manage their own medication.

o Controlled Substances: Medications classified as controlled substances (including many ADHD/ADD medications) cannot be self-carried. These must be submitted to the school nurses, who will store and administer them during the trip. Please provide an appropriate number of doses in the correctly labeled prescription bottle.

3. Over-the-Counter Medications

If your student needs to carry over-the-counter medications (e.g., Tylenol, Ibuprofen), they may do so with parent/guardian permission. Please complete the Agreement to Self-Administer and Carry Over the Counter Medication form, which only requires a signature from a parent/guardian and the student. This form does not need to be signed by a healthcare provider.

4. Chaperones

If you are chaperoning the field trip and will be responsible for holding and administering medications, you do not need to complete medication forms.