

**Brighton High School Math Team**  
Permission Form and Medical Authorization  
2017 – 2018

STUDENT INFORMATION

Name (LAST, First) \_\_\_\_\_ Grade \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Parent Guardian Name(s): \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone numbers \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Family \_\_\_\_\_

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Health Insurance Plan Name: \_\_\_\_\_

Insurance Plan Number \_\_\_\_\_ Student Birth Date \_\_\_\_\_

Pertinent Medications (if any) of information we should be aware of:

\_\_\_\_\_

Physician (name) \_\_\_\_\_ Phone \_\_\_\_\_

As the parent or legal guardian of the above-named minor, I hereby grant permission for my son/daughter to participate on the Brighton High School Math Team at any of its meets. I hereby appoint the Brighton Central School District chaperones to act on my behalf, if necessary, to administer and authorize emergency medical and dental care for the above named minor.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**BHS PARENT/STUDENT  
Code of Conduct Agreement**

**BRIGHTON HIGH SCHOOL MATH TEAM**

Being the legal guardian for \_\_\_\_\_, I agree to have a chaperone call me at the following phone number \_\_\_\_\_, if my child violates any of the rules listed below. I acknowledge that violations may result in a disciplinary action by school administrators.

**CODE OF CONDUCT – RULES AND SAFETY PROCEDURES TO FOLLOW**

1. **NO** consumption or possession of alcoholic beverages or illegal substances
2. **NO** smoking and/or use of tobacco products
3. **NO** possession of weapons.
4. Students will be respectful of all adults, other students, and facilities.
5. Unsafe behavior will not be tolerated.
6. Everyone is expected to participate with the group during all scheduled activities with no exception or objection.

**The Brighton Student Code of Conduct found in the parent/student handbook is applicable to all Brighton sponsored events.**

**This applies to all Math Meets during the 2017 – 2018 school year.**

**I have read and understand the above rules and safety procedures.**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**