



Code of Conduct

1. Students must remain in the designated area for the STE²M Academy. Leaving without permission will result in termination from the program.
2. Students must respect the rights and property of others at all times.
3. Students are to act courteously and appropriately, be cooperative and follow the instructions of the STE²M Academy----
4. Appropriate and acceptable language is expected.
5. Parents have the right to expect that their child will have the proper supervision. Any child who constantly needs the attention of the staff (for behavior correction) is taking away the rights of the others and not allowing the needs of the students in the program to be met.

Student's Name: (please print) _____

Student's Signature: _____

Parent's Signature: _____

Program Coordinator's Initials: _____ Date _____

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MEDICAL RELEASE FORM/WAIVER

Please note: Each participant must complete this form and bring it with them to the activity. If the participant is under the age of 18, the form must be completed by a parent/guardian. Any participant who does not present his/her form will not be able to participate.

Participant's Name: _____ Date of Birth: _____

Sex _____ Age _____ Social Security Number _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____ Cell _____

If parent/guardian cannot be reached, please contact _____

Home phone _____ Work phone _____ Cell _____

Relationship _____

Insurance Carrier _____ Policy# _____

Family Physician _____ Phone _____

Medical History - Please provide details for all that apply below

Allergies: _____

High Blood Pressure _____ Asthma _____ Contact Lenses _____

Convulsions _____ Diabetes _____ Migraines _____ Heart Trouble _____

Mental Disorders: _____

Epilepsy/Seizures: _____ Fainting: _____

Recurring sore throat/ear infection _____

Medications currently taking _____

Pre-existing injury currently being treated _____

Medical conditions currently under treatment _____

Other _____

I hereby grant permission to licensed hospital and or health center staff members to administer immediate medical treatment as deemed necessary to my child should he/she be injured during any Greater Pearland Area Link Chapter activity. Further, I understand that I am responsible for payment of expenses incurred relating to my son's/daughter's medical treatment.

I acknowledge and understand the risks involved in this event and grant permission for my child to attend and assume those risks. I further agree to hold harmless The Links Inc. and all associated officers for any injury sustained as a result of my son's/daughter's participation in these events. The Links Inc. Greater Pearland Chapter strives to provide the maximum in safety procedures and guidelines, and therefore cannot assume responsibility for any accidents or injuries that may occur.

Parent/Guardian Signature _____ Date _____