

Yurok Tribe Johnson O' Malley Program (JOM)



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This permission slip gives your student permission to participate in the Yurok Tribe's Pre-school through 12th grade Johnson O'Malley Program. It also gives staff permission to speak with school personnel, teachers, resource specialists, principals and other personnel involved with your child's educational needs. This also includes access to written records, test scores, grades, behavior and attendance records the school has regarding your child's educational background. The information will be held with the strictest confidence.

STUDENT NAME: _____

SCHOOL: _____ GRADE: _____ D.O.B.: _____

ADDRESS: _____

PARENT HOME PHONE #: _____ WORK/CELL #: _____

EMAIL ADDRESS: _____

REQUEST TUTORING IN SUBJECTS: _____

ADDITIONAL INFORMATION: _____

I realize that this permission is granted to the Yurok Tribe's JOM Program for the entire time that my child is enrolled in school or until their graduation from the 12th grade unless the permission is rescinded in writing to the Yurok Tribe's Education Department. This also includes summer time event.

Initial all that apply:

_____ I give my permission for my son/daughter to be transported by the Yurok Tribe's Johnson O'Malley staff for organized fieldtrips or pre-planned events. I realize that the Yurok Tribe will inform me prior to any transportation occurring.

_____ I give my son/daughter permission to be assisted during the after school hours. The schedule will be set up with parents prior to the after school help occurring.

_____ I also give my consent to the Yurok Tribe's JOM staff to obtain emergency medical treatment in the event that it is needed for my child and I am unavailable to give this consent during a JOM event or field trip.

Parent/Guardian Signature _____ Date _____

Yurok Tribe Education Department

MEDICAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK

All reasonable measures will be taken to safeguard the health and safety of participants, and you will be notified as soon as possible in case of an emergency. However, in the unlikely event that a serious emergency or incident arises, it may become necessary for a physician to attend to your child before the staff could get in touch with you.

Participants Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Note any special medical condition(s) or allergies: _____

(I) (we), the parent(s) or legal guardian(s) of the above-named student, a MINOR, do hereby authorize The Yurok Tribe, it's employees, officers, agents, or volunteers as agents for the undersigned to consent to any first aid, x-ray examination, anesthetic, medical or surgical diagnosis, or treatment rendered through the facilities of the nearest physician or licensed hospital, _____, whether such diagnosis or

(Preferred hospital)

treatment is rendered at the office or said hospital. I will assume full responsibility for all medical, nursing, or surgical care, including transportation for my child.

I understand and acknowledge that:

- These activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities;
- Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, sprains/strains, fractured bones, unconsciousness, head and/or back injuries;
- Participation in these activities is completely voluntary and, as such, is not required by the Yurok Tribe;
- In order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities;
- I agree that the Yurok Tribe, its employees, officers, agents, or volunteers shall not be liable for any injury or illness suffered by me, which is incidental to and/or associated with preparing for and/or participating in this activity.

The undersigned agrees to defend, indemnify, and hold harmless the Yurok Tribe, its Council, officers, agents, and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned.

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____

Phone Number _____

Alternate Number: _____

Medical Insurance Company: _____

Policy # _____

Subscriber Name and Number: _____

YUROK TRIBE RELEASE AND WAIVER OF LIABILITY AGREEMENT

PLEASE READ THIS CAREFULLY

I, _____ hereby declare and certify that I am the parent or legal guardian
of _____, age _____ a minor.

I, _____ hereby release, waive and discharge the Yurok Tribe and all people involved with or associated by the Yurok Tribe (hereinafter RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by the above mentioned minor or to any property in the possession of the above mentioned minor, while participating in any Tribally sanctioned event or activity, or while riding in a Yurok Tribal vehicle.

I am fully aware of the risks and hazards connected with the above mentioned minor participating in such activities, including the risk of physical injury or disability as the result of such injury, and I hereby give my express permission for the above mentioned minor to participate in such activities.

I further agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage, or costs that may incur due to the above mentioned minor's participation in said activity.

It is my express intent that this RELEASE AND WAIVER OF LIABILITY shall bind the members of my and the above mentioned minor's family(ies) (if applicable), if I am alive, and my and the above mentioned minor's heirs, assigns, and personal representatives, if I(we) am not alive, and shall deemed a release, waiver, and discharge of the RELEASEES. I hereby further agree that this RELEASE AND WAIVER OF LIABILITY AGREEMENT shall be construed in accordance with Tribal, state, and federal laws.

I understand the RELEASEES will not be held responsible for any medical costs associated with an injury the above mentioned minor may sustain.

Acknowledgement of Understanding:

I acknowledge that I have read the RELEASE AND WAIVER OF LIABILITY AGREEMENT and fully understand its terms. I affirm that I am allowing the above mentioned minor's voluntarily participation in said activity(ies) and further acknowledge that I know, understand, and appreciate the inherent risks of participation. I assume full responsibility for any and all injuries or damages that may occur to the above mentioned minor as a result of the inherent risks associated with participation.

I understand and agree to the **RELEASE AND WAIVER OF LIABILITY AGREEMENT** and recognize that this waiver will be good throughout the entire time my child is in the Johnson O' Malley Program.

Date: _____

Participant's Name (Print): _____

Parent or Legal Guardian: _____

Parent or Legal Guardian's Signature: _____

Emergency Contact: _____

Telephone number: _____