

# FORMS

Hello REALMS 2010-11 Families-

We are trying to get a jump start on next school year in order to ease some of the beginning of the school year craziness. Attached are some forms that need to be filled out and returned to REALMS.

**Please mail all the WHITE forms to:** 63175 OB Riley Road/Bend, Oregon/97701-9003 or Bring to the Back to School BBQ

## Student Related Forms CHECKLIST:

- Media Release, Directory Release, Electronic Contact List
- Permission to Transport
- Student Fieldwork Medical Form (2 pages)
- REALMS After School Sign Up Form (Fall 2010)
- REALMS Scholarship Program (if applicable)
- Fieldwork Contribution Request 2010-11

## CHECKLIST of forms for Any Parents Who Wish to Volunteer:

- Criminal History Verification of Applicants \*
- Proof of Auto Liability Insurance
- Parent Fieldwork Medical Form fieldwork (2 pages)
- Volunteer Opportunities Checklist (2 pages)

\*If you are a brand new REALMS parent and would like to volunteer and / or drive students next year, please fill out the Criminal History and Proof of Auto Liability forms. If you are a current REALMS parent and have ALREADY filled out the Criminal History form, you do not need to fill it out again, however please DO fill out the Auto Liability form for updated insurance information.

**PLEASE NOTE:** If you will have more than one child at REALMS next year, please fill out forms for both, except Criminal History/Auto Liability and email address (only one per family).

**\*\*\*ALL THE COLORED PAPERS ARE FOR YOU TO KEEP!\*\*\***



**REALMS**  
**Permission to Transport Form**

Off campus excursions are a frequent and important part of the REALMS educational program. Most often, REALMS contracts a school bus from the Bend LaPine School District for these trips. However, this is not always practical or affordable. Therefore, we often use parent or staff drivers to make these trips possible. Please read the information below and indicate if you are willing to have your student transported by one of our parent or staff drivers.

**Parent and Volunteer Drivers:**

Our parent and volunteer drivers must provide proof of a valid Oregon drivers license and current auto liability insurance. REALMS requires that whenever a student is riding in the car of one of our parent drivers, a seatbelt is always worn. Parent volunteer drivers will read and abide by all relevant REALMS risk management policies including our no cell phone use while driving rule. All volunteers who will be alone with students must also pass a criminal background check.

**Staff Drivers:**

Because REALMS teachers are paid employees, they must meet a higher standard than our parent drivers in order to be eligible to drive students. Our staff drivers are required to pass a Type 10 driver class and practical exam in order to transport students.

- Yes**, I give permission for \_\_\_\_\_ (student's name) to be transported by REALMS staff, parents or volunteers when necessary for the school year **2010-2011**.
- NO**, I do not give permission for \_\_\_\_\_ (student's name) to be transported by REALMS staff, parents or volunteers for the school year **2010-2011**.

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**SIGNATURE REQUIRED**

Parent or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_



# Student Fieldwork Medical Form

## PART 1: GENERAL INFORMATION

Student's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## PHYSICIAN INFORMATION:

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**INSURANCE:** Each student is responsible for medical costs. Sickness and accident insurance is recommended but not required. If you have insurance:

Insurance Company: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_  
Policy# \_\_\_\_\_ Does your Ins. Co. require preauthorization?      Yes      No

## Signature Required

**MEDICAL AUTHORIZATION:** I authorize REALMS personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, REALMS shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

*Signature of Parent or Guardian:* \_\_\_\_\_  
*Print Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## PART 2: PARTICIPANT HISTORY

**Health Conditions:** Please check below. If answer is "yes", please explain below or on separate piece of paper.  
**Does the participant currently have or have a history of:**

	YES	NO		YES	NO
Asthma or other respiratory problems?			Shortness of breath or dizziness while participating in sports?		
Diabetes?			Hospitalization/ Emergency room visit within the last year?		
High Blood Pressure, high cholesterol?			Neck/Back/shoulder/knee/ankle problems?		
Chronic nose bleeds?			Any wrist/ hand/ arm problems?		
Kidney disease, urinary tract infection?			Any cardiovascular conditions?		
Recent illness/infectious disease?			Epilepsy, fainting episodes or a seizure within the past year?		
Bleeding or blood disorders?			Chronic illness/autoimmune disease?		
Severe headaches/migraines?			Bowel problems?		
Visual problems?			Any <b>other</b> medical issues that are not stated above?		

If you answered "yes" on any of the above medical history or conditions, please explain:

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**MEDICATIONS:** Does the student take any medications (*prescribed or over the counter*)? Yes No

If yes, please fill in the chart below:

*REALMS requires that all medication be brought in the original prescription bottle in the student's name with the exact dosage instructions. REALMS staff will not deviate from the script's dosage instructions written on the bottle.*

Name of Medication	Reason for Medication	Dose (how much) in mg AND # of tabs	Frequency (how often)	Time of Day administered

**ALLERGIES:** Does the participant have any allergies? Yes No *If yes, please list below*  
*(this includes food, medicines, bites and stings)*

Allergy	Reaction	Medication Required

### SIGNATURE REQUIRED

I hereby represent that the minor is in good health, that the information that I have shared is accurate and complete, that there are no special problems associated with the care of the minor, and that I have adequately informed REALMS personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the cost of such injury or damage myself.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last/First/Full Middle MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Oregon Driver License/Identification Card No.: \_\_\_\_\_  
*Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.*

Address: \_\_\_\_\_  
Full Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

A. Have you **EVER** been convicted of a sex-related crime?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors?  Yes  No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages.  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes)  Yes  No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?  Yes  No

**Advisory:** A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone 503.731.4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REALMS**  
**Proof of Auto Liability Insurance**  
**(for volunteer drivers)**

Dear Volunteer Driver:

If you think you may willing to help us out by driving students (either regularly, or occasionally) on off campus excursions (fieldwork, electives, etc.), please fill out the form below. No parent may drive unless this form is filled out.

You have agreed to transport students of REALMS to a fieldtrip function or for some other school approved purpose. ***Please be aware that in the event of an accident, your insurance will be the primary coverage.*** In order to serve as a volunteer driver, you will be required to provide coverage of no less that \$100,000 minimum per occurrence for bodily injury and property damage liability. Your driving record may also be checked for school insurance company acceptability. If you do not have required coverage, you will not be allowed to transport students.

Please complete the following information, providing all information requested. **Sign where indicated, *attach a photocopy of your license and insurance card*** (we can do this at the office if necessary), **and return to the school office.**

Driver Name: \_\_\_\_\_ (as it appears on driver's license)

Address: \_\_\_\_\_  
\_\_\_\_\_

Oregon Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Limits: \_\_\_\_\_ (must be at least \$100,000)



## Parent Fieldwork Medical Form

### PART 1: GENERAL INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### PHYSICIAN INFORMATION:

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**INSURANCE:** Each parent is responsible for medical costs. Sickness and accident insurance is recommended but not required. If you have insurance:

Insurance Company: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_  
Policy# \_\_\_\_\_ Does your Ins. Co. require preauthorization? Yes No

## Signature Required

**MEDICAL AUTHORIZATION:** I authorize REALMS personnel to call for medical care for myself or to transport me to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of myself, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, REALMS shall have no further responsibility for the me and I agree to pay all costs associated with such medical care and transportation.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 2: PARTICIPANT HISTORY

**Health Conditions:** Please check below. If answer is "yes", please explain below or on separate piece of paper.  
**Does the participant currently have or have a history of:**

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Diabetes?			Hospitalization/ Emergency room visit within the last year?		
High Blood Pressure, high cholesterol?			Neck/Back/shoulder/knee/ankle problems?		
Chronic nose bleeds?			Any wrist/ hand/ arm problems?		
Kidney disease, urinary tract infection?			Any cardiovascular conditions?		
Recent illness/infectious disease?			Epilepsy, fainting episodes or a seizure within the past year?		
Bleeding or blood disorders?			Chronic illness/autoimmune disease?		
Severe headaches/migraines?			Bowel problems?		
Visual problems?			Any <b>other</b> medical issues that are not stated above?		

**If you answered "yes" on any of the above medical history or conditions, please explain:**

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**MEDICATIONS:** Do you take any medications that you will need to take on the trip? (*prescribed or over the counter*)?    Yes    No

Name of Medication	Reason for Medication	Dose (home much) in mg AND # of tabs	Frequency (how often)	Time of Day administered

**ALLERGIES:** Do you have any allergies?    Yes    No

*If yes, please list below (this includes food, medicines, bites and stings)*

Allergy	Reaction	Medication Required

### SIGNATURE REQUIRED

I hereby represent that I am in good health, that the information that I have shared is accurate and complete, that there are no special problems associated with my participation, and that I have adequately informed REALMS personnel of any special instructions regarding my health. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the cost of such injury or damage myself.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_