



PARENTAL TRANSPORTATION NOTIFICATION, LIABILITY WAIVER, AND MEDICAL INFORMATION FORM

We, the parent or guardian of (Child's name): _____ permit our son/daughter to attend the (AIR Sr./AIR Jr) at SDSU and USD, being planned by the AIR Programs in accordance with our posted schedule at [www.airprograms.org/AIR Sr \(or AIR Jr\)](http://www.airprograms.org/AIR Sr (or AIR Jr)) The purpose of these trips are for inclusion of an academic after-school program for Native American Youth.

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, the AIR Program, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child will be assigned to ride with a licensed adult driver, driving a privately-owned automobile, or bus and that this assignment will be made by the aforementioned AIR Program along with partnered Tribal Education Center, as applicable.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent or volunteer in charge or by AIR Program personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the AIR Program member in charge or adult chaperone(s) to secure proper treatment for my son/daughter.

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE THAT PARENT(S)/GUARDIAN(S) MUST COMPLETE, SIGN AND DATE THIS DOCUMENT

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child. Initial: _____

MEDICATIONS: My son/daughter must take the following medications at times during the AIR Programs: List medications and dosage: _____

AIR Programs will take no responsibility for the administration of this medication in accordance with this waiver. If your child has special needs, please contact the AIR Program for individual arrangements.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to the AIR Program, it's officers, directors and agents, and representatives, volunteers and employees of either our partnered agencies (example: Tribal Educational Centers) and chaperones or representatives associated with this event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

Parent/Guardian Name (Please Print): _____

Address: _____ City/Reservation/Town: _____

Contact Phone: _____ Email: _____

Secondary Phone (cell/work): _____

Name of an Alternative Contact: _____ (relation to family): _____

Alternative Contact's phone number: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact (optional):

FAMILY DOCTOR: _____ Telephone: (_____) _____

FAMILY HEALTH PLAN CARRIER : _____

Insurance Policy Number: _____

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