

## Griffin-Spalding County Schools Student Activity Permission Form

### I. Basic Data

<b>Student Name</b>		
<b>Address</b>		
<b>Phone number for emergency contact</b>		
<b>Activity</b>	Welding Opportunities	
<b>Date scheduled</b>	Wednesday Feb. 20 <sup>th</sup> Friday Feb. 22 <sup>nd</sup> 9am-3pm	
<b>Destination and location of activity</b>	GRCCA Welding Lab	
<b>Cost per child</b>	<b>Transportation</b>	
	<b>Admission/Fees</b>	—
	<b>Meals</b>	
	<b>Extra Spending Money</b>	
	<b>Total cost</b>	
<b>Educational objectives of the activity/trip</b>	Welding Career Awareness	
<b>Meal plans</b>	Bring \$5 each day for lunch	
<b>Other planned stops on trip</b>	* Students must wear closed toe shoes and long pants.	

The undersigned, as natural parent or legal guardian, does hereby consent and grant permission for \_\_\_\_\_ to participate in the school activity/trip described above.

The undersigned is aware that the student may be exposed to more or greater hazards than may be encountered in attending school. The undersigned shall warn the student of such hazards and caution them to exercise care so as not to contribute to injury or damage to them or others. It is understood that this form must be signed and returned to the school in order for the above named student to participate.

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

\_\_\_\_\_  
**Date**

## II. Authorization to Transport

I hereby authorize Griffin-Spalding County School personnel to take my child to the hospital emergency room for treatment. I understand that I am legally responsible for any financial obligations incurred during the emergency treatment.

\_\_\_\_\_  
**Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

## III. Authorization for Third Party to Consent to Treatment of Minor Lacking Capacity to Consent

The undersigned, parent(s)/legal guardian of \_\_\_\_\_, a minor do hereby authorize Griffin-Spalding County School personnel, as agent(s) for the undersigned, to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon duly licensed in the state of Georgia, whether diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may in the exercise of his/her best judgment deem advisable.

The undersigned does authorize emergency personnel to surrender physical custody of such minor to the above named agents upon completion of treatment.

These authorizations shall remain effective until \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

## IV. Emergency Medical Information

In the event the parent/guardian cannot be reached, who should we contact in an emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Physician / Phone #: \_\_\_\_\_

Current Medications: (Dose/Frequency) \_\_\_\_\_

Previous Surgery: \_\_\_\_\_

Medical History / Problems (circle all that apply)

Asthma Sickle Cell Migraine Thyroid Kidney Disorder Heart Disease Cancer Diabetes Seizures

ADD/ADHD High Blood Pressure Blood Disorders Hepatitis Bronchitis Religious or Cultural Needs

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## GRCCA Welding Safety

Metal working is a safe occupation when proper precautions are taken. If these safety measures are ignored, welders face many hazards that can be potentially dangerous. Some of these dangers include electric shock, fire, explosions, fumes and gases, and UV exposure. We avoid these dangers by establishing a safe work environment for everyone. This is called a safety culture. We create a safety culture by keeping a tidy workspace and by following these guidelines:

- We will wear the proper (PPE) personal protective equipment at all times. This includes safety glasses, 100% natural fiber clothing, and 8" tall leather boots.
- Long hair will be kept in a pony tail at all times in the lab.
- While grinding we will use safety glasses, a face shield, gloves and have our arms covered.
- We will not carry any matches or butane lighters in our pockets.
- We will not move a gas cylinder without the cap on or without the approved cart.
- We have been shown how to properly use the ventilation and we will use it.
- When piercing any material, we will wear the appropriate shade glasses with a face shield or safety glasses with the approved shade face shield.
- We will use the correct shade eye protection determined by the process we are working with.
- We will not perform maintenance on lab equipment of any kind. If equipment fails we will tell the supervisor and perform a lockout/tagout procedure on the equipment.
- If material weighs more than 50 pounds and/or is longer than 6 feet in length, we will get assistance moving the material.
- We will be aware of are surroundings, fellow students, and instructors at all times when moving materials.
- We will keep flammable materials out of our work area, this includes open bags and any type of paper.
- We will keep our work areas clear of any slip, trip, or fall hazards.
- Horseplay of any kind will not be tolerated.
- We will not work on any project unless we get approval from the supervisor.
- We will not cut or weld on any kind of vessel. No exceptions!

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name (Print) \_\_\_\_\_

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