

TSTDC AGREEMENT

We, the student and parent(s), agree to the terms in the TSTDC 2025-2026 Team Handbook and recognize that following these guidelines fosters a supportive and successful environment for all TSTDC activities.

Student's Printed Name _____

Student's Signature _____

Parent's Printed Name _____

Parent's Signature _____

Date _____

Medical Emergency Information Form

In the event of illness or injury occurring to my student while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental, surgical), anesthesia or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

I further acknowledge that I am financially responsible for any medical, dental, ambulance or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I also acknowledge that I may obtain accident insurance through the school if I do not currently have family medical insurance.

I understand that, in the event of other than minor illness or injury, responsible effort will be made to contact me.

Parent/Guardian Name: _____ Contact Number: _____

Parent/Guardian Name: _____ Contact Number: _____

Emergency Contacts, if Parent/Guardian is unable to be reached:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____

Insurance Carrier: _____ Phone: _____

Group Number: _____

- Do you authorize a certified district employee or Principal's designee to give your child acetaminophen or ibuprofen?

YES _____ **NO** _____ **Additional info:** _____

- Specify health problems/allergies: _____
- Is your child on daily medication? **NO** _____ **YES** _____ ***if yes, complete the consent below***
- Other limitations or concerns: _____

Consent for Giving Medication

I hereby request and give my consent for a certified district employee or Principal's designee to see that my child receives the medication as listed below:					
Medication		Time(s) to Give:		Date(s):	
Medication		Time(s) to Give:		Date(s):	
Medication		Time(s) to Give:		Date(s):	

Prescription medication must be in the original container as prepared by a pharmacist and fully labeled. Over the counter medication must also be in its original packaging that is fully labeled.

Signature - Parent/Guardian

Date

CONSENT FOR EMERGENCY CARE

Student Name	Student ID #	Date of Birth	Age
Parent(s)/Guardian(s) Name	Home #	Cell #	Work #
Address	City	Zip	Email
Emergency Contact-Person who can answer on your behalf for your child in an emergency	Home#	Cell #	Work#

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named to be given medical care by the doctor or hospital selected by the school.

Name of Family Physician	Phone Number	Date of current physical
STATEMENT OF INSURANCE COVERAGE (All students MUST have some type of insurance.) Please <u>choose</u> either Option1 or Option2.		

☐ **OPTION 1** I affirm that I am the parent or Legal Guardian of the student signing this form. I request that this student be exempt from the school accident insurance requirements for students participating in athletics and certain school activities. I represent that this student is currently covered and will be covered during the present school year by an accident insurance policy which provides at least in the equivalent sums and coverage as the policy offered by the school. This includes coverage in the event of injury in a school supervised game or activity.

Company Name _____ Phone # _____ Policy # _____

☐ **OPTION 2** I/we desire insurance that will fulfill the school accident insurance requirement.

I have purchased school accident insurance (type) _____ /\$ _____ Effective date: _____ School Official Signature: _____

HEALTH HISTORY (To be filled out by parent)				HAS YOUR CHILD EVER HAD OR NOW HAS: Please circle YES (Y) and/or NO (N)							
Y N Allergy	Y N Kidney Trouble	Y N Diabetes	Y N Valley Fever	Y N Hepatitis	Y N Sprains						
Y N Arthritis	Y N Migraine Headaches	Y N Fainting	Y N Heart Trouble	Y N Scoliosis	Y N Dislocations						
Y N Back Pain	Y N Knocked Out	Y N Heart Murmur	Y N Spine Injury	Y N Sinus Trouble	Y N Contact Lenses						
Y N Loss Consciousness	Y N Concussion	Y N Hernia	Y N Ankle Injury	Y N Operations	Y N Tuberculosis						
Y N Eczema (Skin Rash)	Y N Sore Throats	Y N Menstrual Cramps	Y N Neck Injury	Y N Fractures	Y N Rheumatic Fever						
Y N Epilepsy (Seizures)	Y N Anemia	Y N Mononucleosis	Y N Elbow Injury	Y N Hives	Y N Asthma						
Y N Chest X-Ray	Y N Tetanus Booster	Y N Other									

- If YES, give year and details: _____
- Medication (s) now taking: _____
- Does student have to stop while running ½ mile? YES NO
- SPORT: FALL: _____ WINTER: _____ SPRING: _____
- Medicine(s) student is allergic to: _____
- Consent for Core Temperature via Rectal Thermometer YES NO

THIS FORM MUST BE SIGNED BY STUDENT AND PARENT OR LEGAL GUARDIAN

BE IT KNOWN, that, I, the undersigned parent/guardian of the above named student, do hereby give and grant unto any medical doctor, hospital, paramedic or certified school athletic trainer, my consent and authorization to render such aid, treatment or care to said student as, in judgment of said doctor, hospital, paramedic, or certified school athletic trainer, may be required, on an emergency basis, in the event the above-named student should be injured or stricken ill while participating in an interscholastic activity sponsored or sanctioned by Arizona Interscholastic Association, Inc. of which the above named high school is a member.

IT IS HEREBY understood the consent and authorization given are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that insurance or parent of student will pay any expenses incurred. Payment of expense is not a school responsibility. "I/we recognize that the foregoing is a public document and falsification of information on that document to obtain admission to the Tempe Union High School District may constitute violation of the criminals in laws of the State of Arizona. I/we hereby certify that all the information contained in the Tempe Union High School District Athletic Participation Form is true and correct and recognize that in the event that any information in regard to residence has been falsified, I/we will be liable for nonresident tuition from the date of enrollment in the Tempe Union High School District (TUHSD)."

IT IS FURTHER understood that any falsification on this document may result in student losing a year's participation and eligibility in interscholastic athletics in the TUHSD.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implication of signing this document and that I agree to be bound by this document.

Student (PRINT)	Student (SIGNATURE)	Date
Parent/Guardian (PRINT)	Parent/Guardian (SIGNATURE)	Date

Tempe Union High School District Student Travel Parent/Guardian Permission Form

Site: DV ☒ MTP ☐ CDS ☐ THS ☐ MHS ☐ MDN ☐ CA Today's Date: 9/9/2024

Trip Date(s): September 2025 – April 2026 Group Traveling: DV Speech and Debate

School Sponsor Name: Bastian Carden Phone/Email: Bastian.Carden@gmail.com, (706) 372-2878

Trip Locations: Scottsdale Prep, McClintock, Mountain View, ASU, Mountain Ridge, Mesa HS, Pusch Ridge, Empire, AIA tournaments TBD

Purpose of travel/activity: Speech and Debate Tournaments

Departure time and date from campus: Fridays at 6:30 am, Fridays at 1pm, Saturdays at 6am

Return time and date to campus: Fridays at 11pm, Saturdays at 10pm

School Transportation (circle one) School Bus, Van, Walking, specify if other: _____

Please return this Permission Form to the school no later than 9/23/2025.
(Date)

My signature below indicates my permission for my child, _____ to participate in the
(print child's first & last name)
student travel/activity described above. Please read and complete the Medical Emergency Information on the back of this form.

Parent/Guardian Permission Signature

Date

Parent/Guardian Permission Print Name

Contact #

Student Driving / Riding in Private Vehicle

☐ I give my permission for my student to drive or ride in a private vehicle arranged for by a school employee to and/or from the activity described above.

☐ I will drive my student to and from the above activity. Names of additional students riding, if applicable: _____

☐ I give my permission for my student to drive a private vehicle to and from the above activity.

FAILURE TO GIVE PERMISSION RESTRICTS THE STUDENT TO TRANSPORTATION PROVIDED FOR OR ARRANGED BY THE SCHOOL.

When transportation is provided by a student or an adult in lieu of transportation provided for or arranged by the District, the District has no responsibility for the conduct of the driver/vehicle and no responsibility for ensuring that the driver of the vehicle has proper license and insurance.

Signature of Parent/Guardian

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date: _____

Please print name of Parent/Guardian

SIGNING THIS FORM IS **OPTIONAL**. SIGN AND RETURN THIS FORM ONLY IF YOU DO NOT WISH TO HAVE INFORMATION RELEASED.

STUDENT MEDIA RELEASE FORM

Throughout the school year, students may be recognized or displayed in various District or School sponsored publications (print, electronic, film, video, audio, etc.) to promote TUHSD activities and achievements or to inform the community about school and District matters. The District may also prepare press releases for outside media groups to recognize students and their achievements or to inform the community about school and District matters.

On rare occasions, the District may also authorize various non-District groups (including outside media or other third parties) to film, make other recordings, or conduct student interviews on District or school property during the school day. In these circumstances, a District or School administrator is present to supervise the activity, and when possible, parents will be notified in advance of any recording or interview.

Please note: The District has no control over recordings made of your student outside of school or District property, at public events and activities, after school hours, or by unauthorized students or third parties.

I acknowledge that failure to return this form within two (2) weeks from the date of distribution will constitute approval for the District (including District and school sponsored groups) to use or release the video, photographic, and/or audio representation, as well as name and likeness of my child [or of me (if student is at least 18)] for in District or school sponsored media releases, publications, social media, website(s), etc.

TO: PRINCIPAL:

MY SIGNATURE BELOW INDICATES THAT (CHECK ALL THAT APPLY):

- ☐ I do not consent to the District (including District and school-sponsored groups) to use the information listed above.
- ☐ I do not consent to authorized third party use of the information listed above.

STUDENT NAME: _____ ID NUMBER: _____
(PLEASE PRINT)

PARENT/LEGAL GUARDIAN/
ELIGIBLE STUDENT SIGNATURE: _____ DATE: _____

TSTDC Student Transfer Form

(ALL STUDENTS MUST FILL THIS OUT!!)

Date

Student Last Name

Student First Name

Student Number

Parent/Guardian Name(s)

Student Cell #

Parent/Guardian # (circle: cell / home)

Home Address

City

Zip Code

Complete the information below, then sign at the bottom:

1. Have you attended DV since the first day of your freshman year? ____ YES ____ NO

If you marked YES, you are done. Simply sign at the bottom and turn in this form.

If you marked NO, please continue below:

2. When did you transfer to DV? Month / Year: _____

3. How many semesters have you completed at DV? _____

4. Are you attending DV as an open enrollment / out of boundary student? ____ YES ____ NO

I hereby submit this form as accurate information of my current living situation:

Student Signature: _____

Parent Signature: _____

Date: _____