2019 Youth in Government Educational Experience Compliance Form

1. I/we (parent/guardian) have been informed of the details of Youth in Government Educational Experience.
2. My child has my permission to participate in this Youth in Government Educational Experience.
3. I/we further authorize the Teachers and/or Authorized School Chaperones to seek and arrange for emergency medical care, hospitalization, and/or surgery that may become necessary in my absence and I/we will assume all financial responsibility for same.
4. The school sponsor, schools and Hamilton County Department of Education School officials will make every reasonable effort to properly supervise, control and render safe all activities planned in the Youth in Government Educational Experience.
5. I/we (parent/guardian) agree to instruct my child to obey all Hamilton County Department of Education and East Hamilton school rules and regulations. Also, I agree to instruct my child to follow all instructions given by Teachers and/or Authorized School Chaperones. I/we further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child’s deliberate disobedience of rules, regulations or instructions.
6. My child and I/we (parent/guardian) understand if they (my child) are aware of a peer’s failure to obey all Hamilton County Department of Education and East Hamilton School rules, regulations, disobedience of rules, regulations or instructions, while attending the Youth in Government educational experience (including Bus Transportation). My child is **REQUIRED** to report this/these peers to Dr. Franks, Ms. Lee, Ms. Smith, Ms. Colvin, or Mr. Williams **IMMEDIATELY!!! (NO EXCEPTIONS)** **Failure to Report indicates guilt!**

A $325.00 **(NON-REFUNDABLE)** deposit or a YOUTH IN GOVERNMENT REQUEST FOR FINANCIAL ASSISTANCE Form is due to Mr. Franks by January 30, 2019 with this 2019 Youth in Government Educational Experience Compliance Form completed.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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