

# **TRIP RELEASE FORM – NEW ORLEANS - 2018**

***RETURN THIS FORM NO LATER THAN MARCH 7th***

My son/daughter \_\_\_\_\_ (Student's Full Legal Name) has my permissions to accompany the Deerfield High School trip to New Orleans, LA. – March 13-18, 2018.

## **EMERGENCY CONTACT INFORMATION/Consent for Treatment**

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

If unable to contact parents, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Your Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

## **MEDICAL INFORMATION**

The following basic medical information is necessary for your protection during the trip.

List any allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any other medical concerns such as seizures, motion sickness etc.

\_\_\_\_\_

\_\_\_\_\_

I received my last tetanus shots \_\_\_\_\_

Month      Year

## **MEDICATION RELEASE**

We will provide common over-the-counter medications for students during the trip (such as Tylenol, Motrin/Ibuprofen, Pepto Bismol, Cold Medicine, motion sickness medication), as deemed appropriate by a Trip Teacher for your child's health.

By signing below, you hereby give permission for Mrs. Frey, Mrs. Lange, Mrs. Kohley, Mr. Kramper and/or Mr. Petersen to administer over-the-counter medications

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

If you have any allergies to common over-the-counter medicine, please list them below (ex: react to Ibuprofen):



**STUDENT MEDICATIONS**

Please list any medications that your child will need to take while on the trip. All medications must be sent in their original containers and properly labeled with the student’s name, medication name, dosage amount, and administration time. Students will be allowed to self-administer medications. Remember to also list any non-prescription items such as vitamins or herbal supplements that the student takes on a regular basis. *Any medication that is a “controlled substance” (ex: Ritalin, Adderal, Guanfacine, Amphetamine Salts, Dexmethylphenidate, Methylphenidate, Risperidone, etc.) will need to be administered by a teacher (see below):*

Medication Name	Dosage	Administration Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child capable of self-administering the above medications (non-controlled)?  
\_\_\_ YES    \_\_\_ NO

*If “no,” the chaperone assigned to your child will be responsible for medications.*

**CONTROLLED PRESCRIPTION MEDICATION RELEASE**

To Parent/Guardian:

The School District of Deerfield is required by state statute to give controlled prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

Parent Signature: \_\_\_\_\_

**MEDICAL TREATMENT/DISCIPLINARY RELEASE**

If the parents and authorized physician named cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the perception of Mrs. Frey, Mrs. Lange, Mrs. Kohley, Mr. Kramper and/or Mr. Petersen, I hereby authorize that my son/daughter be taken (properly accompanied) to the Hospital and/or doctor most easily accessible for emergency medical treatment. I also agree to reimburse the school for any medical costs that might be incurred by my son/daughter while on the trip.

I also understand that in the event that my son/daughter does not comply by the rules given to them or by the rules of the school and activity code, they will be flown home with a chaperone at my expense and will not receive a refund of any kind. Major violations include but are not limited to:

- Conducting oneself in an inappropriate manner (including failure to report on time; inappropriate use of social media)
- Disrespect/Insubordination towards teachers/chaperones
- Possessing illegal drugs, cigarettes, or alcohol
- Going into the opposite sexes hotel room at any time.
- Causing harm to another person
- Causing damage to property

Parent’s Signature: \_\_\_\_\_ / Date: \_\_\_\_\_