

# **TRIP RELEASE FORM – NEW ORLEANS - 2012**

***RETURN THIS FORM NO LATER THAN MARCH 1<sup>st</sup>***

My son/daughter \_\_\_\_\_ (Student's Full Legal Name)  
has my permissions to accompany the Deerfield High School trip to New Orleans, LA -  
March 20<sup>th</sup> – 25<sup>th</sup>, 2012.

I also give permission for my son/daughter to: (Check below)

- \_\_\_\_\_ Swim in a pool that may not have a lifeguard  
\_\_\_\_\_ Ride a bicycle, if available  
\_\_\_\_\_ Ride mass transit (subway, bus, etc)  
\_\_\_\_\_ Be involved in anything that is listed within the group's planned itinerary

## **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: \_\_\_\_\_

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

I am allergic to: (check if applicable)

- |                          |                          |
|--------------------------|--------------------------|
| _____ bee/wasp stings    | _____ Foods (list below) |
| _____ peanuts/peanut oil | _____                    |
| _____ milk products      | _____                    |
| _____ egg products       | _____ Other              |
| _____ hard shellfish     | _____                    |
|                          | _____                    |

Any other Special Dietary Needs/Request: \_\_\_\_\_

I am allergic to the following medication: (check if applicable)

- |                  |                                  |
|------------------|----------------------------------|
| _____ Penicillin | _____ Other medication (specify) |
| _____ Aspirin    | _____                            |
| _____ Sulfa      | _____                            |

I am subject to: (check if applicable)

- |                                |                              |
|--------------------------------|------------------------------|
| _____ frequent fainting        | _____ heart condition        |
| _____ sleep walking / disorder | _____ sugar diabetes         |
| _____ high blood pressure      | _____ other (please specify) |
| _____ Epileptic Seizures       | _____                        |
| _____ Severe Headaches         | _____                        |

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

Month Year

Other medical information my doctor or parents believe you should know about:

## **MEDICATION RELEASE**

I, \_\_\_\_\_, hereby give permission for the Deerfield High School Trip Director and/or trip chaperones to administer the following medications (or generic equivalents) as necessary: (check below)

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Benadryl
<input type="checkbox"/> Ibuprofen / Motrin	<input type="checkbox"/> Antacid / Pepto bismol
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Motion sickness medication
<input type="checkbox"/> Cold/Sinus Medication	

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:

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

Is your child capable of self-administering the above medications?

YES     NO

If no, the chaperone assigned to your child will be responsible for medications

## **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 the school authorities, I hereby authorize and direct the school authorities to send my child (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)
- 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: \_\_\_\_\_