

**TRIP RELEASE FORM – WASHINGTON, D.C. - 2016**

*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 Washington, D.C. –  
March 15-20, 2016.

**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**

I, \_\_\_\_\_, hereby give permission for Mrs. Frey, Mrs. Lange, Mrs. Kaster, Mrs. Kohley and/or Mr. Petersen to administer over-the-counter medications (such as Tylenol, Motrin, Pepto Bismol, Cold Medicine, Motion sickness 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 medicate ons

## **MEDICAL TREATMENT/DISIPLINARY 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. Kaster, Mrs. Kohley 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)
- 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: \_\_\_\_\_