

Complete and return to the teacher/advisor:

STUDENT NAME _____ **AGE** _____

_____ No allergies (check)

_____ No medication will be taken (check)

List any allergies, e.g. food, environmental, medication, and explain the degree of severity and current treatment : _____

List any medications your child may be taking during this school trip. ***

Medication _____ Dosage _____

Frequency _____ Reason (ailment) _____

***Prescription medication must have a Medical Authorization form completed by the students treating physician, signed by the parent and cleared by the school nurse. Once cleared, the nurse will give the medication to the chaperones with instructions on how to administer the medications during the trip. Prescribed medications must be accompanied by a pharmacy label containing the RX number, the name of the medication, the dosage, directions for administering, and the child's name.

I, the undersigned parent, have read and understand the school's rules and regulations, completed the medical information section and have discussed both sections with my child. My signature below indicates that I have read all of the above and given permission for my child to attend the school trip to:

_____ on _____

and that he/she agrees to abide with all school rules and regulations. My signature on this form also gives the chaperones permission to seek medical assistance in case of an emergency.

Parent Signature _____ **Date** _____

Phone # (H) _____ **(W)** _____

In case of an emergency and I cannot be contacted, please call:

Name _____ Phone # _____

I, the undersigned student, agree to follow existing school rules, regulations, and/or policies and to cooperate fully with teachers, bus drivers, and others who may be supervising this trip. I will follow good safety practices and will conduct myself so as not to endanger the welfare of myself and others. I realize this is a school sponsored event and I may be disciplined, up to and including expulsion, for violation of school rules, regulations and /or policies while participating in this event.

Student Signature _____ **Date** _____