

# Parental Assumption of Responsibility for Students on Trips Away from Home

PLEASE PRINT

Student Name: \_\_\_\_\_  
LAST, FIRST

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If parent can't be reached)

I am familiar with and approve the policies contained in the Evergreen High School Handbook and have read and agree to abide by the Travel Expectations contained in the EHS Band and Colorguard Handbook. It is my wish that my son/daughter be granted permission to go on school trips with the Evergreen High School Band and Colorguard during the 2011/2012 school year. It is my understanding that trips will be fully chaperoned and that the student will adhere to all of the rules of the organization, Evergreen High School and the Evergreen School District, and be responsible to the school for all of his/her actions on the trip.

I am aware that misconduct may result in the student being returned home by transportation provided by, or paid for, by the parents or guardians.

## Permission to Administer Non-Prescription Medications

\_\_\_\_\_ **DO NOT** administer any over-the-counter medications to my child.

\_\_\_\_\_ I hereby give my permission for my child to receive treatment of a non-emergency medical nature. This would include administering medication such as:

Medication	Yes	No
Acetaminophen (Tylenol)		
Ibuprofen (Advil)		
Naproxen Sodium (Aleve)		
Benadryl		
Cortaid Cream		
Neosporin or First Aid Crème		
Antacid Tablets/Liquids		
Imodium A/D		
Cold and Allergy Tablets		
Lozenges for sore throat		
Bee/Insect Sting		
Burn ointment		
Dramamine (motion sickness)		

**Students Name:** \_\_\_\_\_  
(Last, First)

**Health related information about the student**

In the event of illness or accident I authorize Evergreen High School designated personnel responsible for this trip to approve Medical Emergency Care. The following medical information may be needed during an emergency.

List **ALL** Allergies (even minor) to Food, Medications, Latex, etc... (If none, please write "NONE"): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does student carry medication? (If none, please write "NONE"): \_\_\_\_\_

Name of Medication: _____	Purpose: _____
Name of Medication: _____	Purpose: _____
Name of Medication: _____	Purpose: _____
Name of Medication: _____	Purpose: _____
Name of Medication: _____	Purpose: _____

List **ALL** pertinent medical information; any pre-existing medical conditions, heart trouble, diabetes, epilepsy, allergies, etc (if none, please write "NONE"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus injection: \_\_\_\_\_

Does student wear: Glasses? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that the school district does not purchase medical/dental/hospitalization insurance to cover injuries to or losses of life, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent/guardian.

Insurance Company (medical): \_\_\_\_\_ Group#: \_\_\_\_\_ Policy# \_\_\_\_\_

Insurance Company (dental): \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in an activity. This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Being fully aware of the risks, I hereby give consent for the student listed above to participate in the activity. I understand that my child will not be permitted to participate unless this form is completed, signed and returned to the school.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_