

Hillsboro-Deering Middle School
Parental Consent and Release Form
Field Trip Medical Update and Permission

RN Initials _____

INSTRUCTIONS: This form will be provided to the doctor or medical personnel to whom your child is taken in the event of a medical emergency while on a school sponsored field trip or overnight trip. Please complete ALL SECTIONS completely and as accurately as possible.

Student Name: _____ Date of Birth: _____

Home Address: _____ Phone(H): _____
Street or PO Box Town State Zip

MD Name: _____ Phone: _____

EMERGENCY CONTACTS (at least 2)

Mother's Name: _____ Phone: _____
Work Cell

Father's Name: _____ Phone: _____
Work Cell

Other Contact Name: _____ Phone: _____
Work Cell/Home

CHECK ANY THAT APPLY

My Child has:

- No health problems
- A health issue or need which may need consideration while on the field trip (ie: food or drug allergy, chronic illness/problem such as Diabetes, Asthma, Migraine). Explain.

Serious allergy: _____

- Parent will send student with an Epi-pen
- Please take the Epi-pen from the Health Office

Asthma

- Parent will send student with an inhaler
- Please take the inhaler from the Health Office
- The inhaler medication is _____ and should be used as follows:
Time: _____ Dose: _____
Time: _____ Dose: _____

ADD/ADHD

- Parent will give the teacher appropriate doses of medication in the original prescription container
- I have provided a single dose in a prescription container to the school nurse for field trips. Please obtain it from her.
- The ADD/ADHD medication is _____ and should be given at the following time(s):
Time: _____ Dose: _____
Time: _____ Dose: _____

Other

- My child will need other medication while on the field trip and I will deliver it to the teacher in the original labeled container to be taken as follows: (Use separate paper if more than one)
Medication Name: _____ Dose: _____ Time(s): _____

Date of last Tetanus shot: _____ Present Medications: _____

PARENTAL AUTHORIZATION

You have my permission to assist/supervise my child in taking the medications listed/checked above. I understand that a chaperone, teacher or other responsible adult designated by the principal *may* carry my child's medication. In case of medical emergency, in the event I cannot be reached, I authorize the HILLSBORO-DEERING SCHOOL DISTRICT, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of a duly licensed doctor, dentist or surgeon, or other health care professional.

Parent (Guardian) Signature: _____ Date: _____

THIS IS A 2-SIDED FORM THAT REQUIRES A SIGNATURE ON BOTH SIDES

Hillsborough-Deering Middle School

District Parental Consent and Release Form
(This is a two-sided form that requires a signature on both pages)

- Please read the entire form on both sides. If there is anything about this form or the activity described that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
- If you have more than one child participating, you must complete both sides of a form for each child.

I, _____, am the parent or guardian of
Print

_____, a minor, who desires to participate in the
Print

following school activity:

Your child has qualified to go on the Student of the Month celebration trip to Six Flags Amusement Park in Agawam, Massachusetts., by having been a Student of the Month for three months or more. Busses will depart from HDMS at 8:00 a.m. and return at 6:00 p.m. Students should wear comfortable and appropriate clothing and walking shoes (sneakers). Flips flops will not be allowed, given safety issues on rides. Box lunches will be provided, however, it is suggested that students bring extra drinks and snacks for the ride there and back. Students should also think about having sunscreen applied before arriving. Any medications should be brought in directly to the school nurse.

Payment required ___none_____ Meal Provided with trip ___yes_____

Date of Activity Thursday 6/7/12 Departure Time 8:00 a.m. Return Time 6:00 p.m.

as planned by _____
Teacher

Grade or Class

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described activity.

Parent or Guardian _____ Date _____
Signature

Please complete other side