



OFF CAMPUS FIELD TRIP PERMISSION

NAME OF STUDENT:		GRADE:
DESTINATION: RUN for ROCKS - JR Gerritts to Sunset Park		TEACHER/CLASS:
DATE: Wednesday, September 13, 2017	TIME: 3:15 P.M. – 5:00 P.M.	COST: (make check payable to your school) \$5.00 run/walk/picnic OR \$15.00 run/walk/picnic/t-shirt
ADDITIONAL INFORMATION: (including transportation method) Permission slip due by: Thursday, September 7, 2017 . Each participant needs their own permission slip/registration form. <i>You must be in school and be in good disciplinary standing on the day of the event to attend. Any requests for exemption must be addressed prior to the event in order to be considered for approval by administration.</i>		

Emergency contact:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Family Physician: _____ Telephone: _____
Family Dentist: _____ Telephone: _____
Hospital Preference: _____

Does your child have a health condition, including allergies, school staff should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are health forms on file for current school year for conditions listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any activities your student is currently restricted from:	
1. Medication going to camp/ field trip: <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked YES, Is form on file at your school office: <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked NO and medication will be going on field trip, you will need a <i>Request for Giving Medication</i> Form (located in attendance)	
2. Current medications: _____ Please list medication (s) going on fieldtrip:	
3. Immunizations are up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is your child prescribed an inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No ** If yes, is form on file at your school office: <input type="checkbox"/> Yes <input type="checkbox"/> No	
** If you checked NO and an inhaler will be going, you will need a <i>Respiratory Care Emergency Plan</i> form. Please contact the attendance office.	

Acetaminophen, Ibuprofen and Benadryl (or generic) are available as stock medication for fieldtrips at the Intermediate (camp only), Middle and High School levels and are offered as a courtesy to students and parents/guardians. Stock medications will only be given as directed on the package.

Please circle the medications you would like available to your student and the quantity to dispense:

If nothing is circled, your child will NOT be given stock medications.

Medication	Dose	Dose
Acetaminophen, 325 mg., each tablet	1 tablet - 325 mg.	2 tablets- 650 mg.
Ibuprofen 200 mg, each tablet	1 tablet- 200 mg.	2 tablets- 400 mg.
Benadryl 25 mg, each tablet	1 tablet- 25 mg.	2 tablets- 50 mg.

- I give permission to designated school personnel to give medication to my child during the school day, including when away from school property on official school business, according to the written instructions of the doctor as shown on this form.
- I further agree to hold the Kimberly Area School District, and the KASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

Parent Signature: _____

Date: _____

Medical Insurance Information

Insurance Company: _____ DOB: _____

Policy #: _____ Group #: _____

Off Campus Release of Liability

STUDENT:

I acknowledge that I assume risks in my choice to participate in the above activity. I also assume full responsibility for my actions. I agree to abide by any and all guidelines established by my school and my instructor.

Student Signature: _____

Date: _____

PARENT:

This is to certify that my student named above has my permission to participate in the activity stated on this permission form. I agree to indemnify, save and hold harmless, the Kimberly Area School District and its employees and officers from liability for any adverse results which may occur.

Parent Signature: _____

Date: _____

I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child, named above, in the event of a medical situation occurring during my absence or when hospital or physician(s) are unable to contact me.

This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary for my minor child.

Parent Signature: _____

Date: _____

KHS PARENTS ONLY

If District transportation is not provided for this field trip, (see additional information on front side) complete the following section:

- ☐ Student can drive only themselves
- ☐ Student can drive others
- ☐ Student can ride with others
- ☐ Student not able to ride or drive with others
- ☐ Student not able to drive others

When you pay by check, you expressly authorize this merchant, if your check is dishonored or returned for any reason to electronically debit your account for the amount of the check, plus a processing fee of \$25.00. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms.

