

**BRMS STUDENT OVERNIGHT TRIP FORM**

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # (include area code) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent Cell Phone # \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_

Name of the Trip \_\_\_\_\_ Present Grade Level \_\_\_\_\_ Team \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please give the name of a parent or guardian who consents to your participation in this trip.

Name \_\_\_\_\_

Last (please print)

First

Home Address of Parent or Guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Please provide the name and phone number of an alternate contact that may be used if an emergency arises and we cannot contact the person listed above.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**MEDICAL QUESTIONNAIRE/MEDICATIONS LIST**

Is your child presently taking or will be taking any prescription medication during this trip?  Yes  No

List prescription medications your child will be taking: \_\_\_\_\_

**If you checked YES, the Medication Order Form must be completed, signed by the prescribing physician and returned to the Health Office by Monday, May 4, 2020. Forms may be picked up in the Health Office or downloaded from the BRMS website under News & Events – 8<sup>th</sup> Grade Trip – Trip Medication Form. Questions may be directed to the Health Office at 908-231-8661 x-136.**

Does your child have any allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

**BRMS STUDENT OVERNIGHT TRIP FORM**

**FORM B (page 2 of 2)  
REQUIRED**

Does your child require a special diet?  Yes  No

If yes, please describe and include all food allergies, gluten free, lactose free, vegan, vegetarian.  
**(ALL requests will be noted by the nurse and we will make all arrangements with the hotel.)**

\_\_\_\_\_

Does your child have any other health or medical conditions that may be impacted through participation on the trip?  Yes  No

If yes, please describe: \_\_\_\_\_

When did your child last receive a tetanus shot? \_\_\_\_\_

My child may receive as needed (*please check box*):  
Tylenol (Acetaminophen)  Yes  No  
Advil/Motrin (Ibuprofen)  Yes  No

Please note that the school district will make every effort to provide medical services for participants who have a need for it. These efforts will include:

1. Contacting the parent/doctor to determine if required prescription medications can be altered during the time period of the trip.
2. Arranging for medical services to be provided at the host site.
3. Arranging for nurse to participate on the trip.

If the school district is unable to provide the necessary medical services through these efforts, the trip will be cancelled and the deposit fund may be forfeited.

Parent Name (please print)	Signature of Parent/Guardian	Date
----------------------------	------------------------------	------

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that neither the school district nor any of its agents, servants, or employees will be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the school in the event of any health changes that would restrict my child’s participation in any of the activities scheduled for the trip.

**CONSENT AND CERTIFICATION**

I the undersigned, being the parent or legal guardian of the child named herein do hereby consent to the participation of my child in all of the activities scheduled for the trip noted on this application. I agree to the emergency medical treatment provisions noted above. Parent/Guardian gives permission for chaperones to contact my child by cell phone if necessary.

Name of Student (please print)	Name of Trip
--------------------------------	--------------

Name of Parent/Guardian (please print)	Signature of Parent/Guardian	Date
--	------------------------------	------