



NAME OF HOSTING FAMILY: \_\_\_\_\_

GRADE OF HOSTING STUDENT: \_\_\_\_\_

**VISITING STUDENT PROGRAM MEDICAL FORM = CONFIDENTIAL INFORMATION =**

Please **print** this document and make sure all sections are completed in detail as clearly as possible.

**Please fill out this document in print and upload to the link provided in the email.**

Student's first name \_\_\_\_\_ LAST NAME \_\_\_\_\_

Date of birth: \_\_\_\_\_ (MM/DD/YYYY)

Home phone: \_\_\_\_\_

Cell Guardian 1: \_\_\_\_\_

Cell Guardian 2: \_\_\_\_\_

**INSURANCE INFORMATION**

My daughter \_\_\_\_\_ (first name, LAST NAME of student)

is also covered by the following:

Health Insurer for International Travel: \_\_\_\_\_

Contact details: \_\_\_\_\_

Additional information: \_\_\_\_\_

Policy number: \_\_\_\_\_

**(please provide a photocopy of the insurance card or the insurance certificate)**

**Required Vaccinations**

Please include to this document a copy of your child's medical/immunization record signed by a doctor: you need the most recent medical record available. This medical record must be less than a year old by the intended day of return. **Please note that you may also ask the school nurse to provide you with a copy of your child's medical record. Students and parents are the only ones at liberty to request this document.**

Has your child suffered any form of asthma? Yes  No  If yes complete the special Asthma form below.

Has your child suffered any form of allergy? Yes  No  If yes complete the special Allergy form below.

**Does your child have any of the following conditions?**

Phobias	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart condition of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraine headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sight disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bleeding disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychological condition	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has your child suffered any serious injuries in the last 12 months? Yes  No

Your child currently/regularly on any medications: Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Permission**

For the relief of **minor** discomfort, do you give permission for your child to be given?

Medication		For symptoms of
Ibuprofen: Advil / Motrin	Yes <input type="checkbox"/> No <input type="checkbox"/>	General pain <i>associated with</i> headache, toothache, orthodontics, injury, menstrual cramps, fever of >100.5°F or 38°C
Acetaminophen / Paracetamol: Tylenol / Doliprane	Yes <input type="checkbox"/> No <input type="checkbox"/>	General pain <i>associated with</i> headache, toothache, orthodontics, injury, menstrual cramps, fever of >100.5°F or 38°C
Antacid: Tums / Rennie	Yes <input type="checkbox"/> No <input type="checkbox"/>	Indigestion, acid reflux
Diphenhydramine: Benadryl	Yes <input type="checkbox"/> No <input type="checkbox"/>	Symptoms Associated with <b><i>Allergic Reaction</i></b> <b><i>Only:</i></b> Hives, Rash, Anaphylaxis

My daughter \_\_\_\_\_ (first name, LAST NAME of student)

is cleared –  is not cleared to participate in all sports activities at the visiting school.

**Date:**

**Parents/guardians signature:**

**Stamp from the doctor's office:**

**Doctor's signature**

## Asthma Management Form – Student

<b>NAME</b>	
<b>1. Usual maintenance medical program followed by the asthmatic:</b>	
<b>2. Medication and treatment to be used during an emergency asthma attack:</b>	
<b>3. List any known asthma trigger factor experienced by the asthmatic:</b>	

**"KEY QUESTIONS"**

4. Has asthma interfered with participation in normal physical activities in the past 12 months?	YES	NO
5. Has the participant been admitted to hospital due to asthma in the past 12 months?	YES	NO
6. Has the participant been on oral cortisone for asthma within the past 12 months (ex. Prednisone, Cortisone etc)?	YES	NO
7. Has the participant suffered sudden severe asthma attacks requiring hospitalisation in the past 12 months?	YES	NO
8. Does the participant require the use of a nebulising pump as a part of their regular or emergency asthma treatment?	YES	NO
Any relevant details:		

**IMPORTANT NOTES:**

**I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND CORRECT. I FURTHER DECLARE THAT, IF MY CHILD IS UNABLE TO SELF ADMINISTER THE SUPPLIED MEDICATION, I GIVE PERMISSION FOR THE NOMINATED PERSON (Sacred Heart staff member or host family member) TO ADMINISTER THE SUPPLIED EMERGENCY MEDICATION. FINALLY, I ALLOW SACRED HEART TO KEEP THIS MEDICAL INFORMATION IN THE MEDICAL ARCHIVES.**

Guardians' names: \_\_\_\_\_

Date \_\_\_\_\_ (MM/DD/YYYY)      Signatures: \_\_\_\_\_

## Allergenic Reaction Management Form – Student

*If necessary, seek the advice of your doctor when completing this form.*

**A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT’S ALLERGIC REACTION, MUST BE BROUGHT ON YOUR TRIP AND NOTED ON THEIR MEDICAL FORM.**

<b>NAME</b>	
1. What is the student allergic to?	
2. What are signs and symptoms of the participant’s reaction?	
3. What medication does the student take (if any) for their allergic reaction?	

<b>Historically, my child has suffered from:</b>	<i>Mark the appropriate box/es</i>
<input type="checkbox"/> 4. a <b>localised</b> reaction (rash, itching, swelling at the site the poison/irritant enters)	
<input type="checkbox"/> 5. a <b>systemic</b> reaction (rash, itching, swelling away from the site that poison/irritant enters)	
<input type="checkbox"/> 6. an <b>anaphylactic</b> reaction (severe breathing problem, total body swell, emergency situation)	

### "KEY QUESTIONS"

7. Have allergies interfered with participation in normal physical activities within the past year?	YES	NO
8. Has the participant been admitted to hospital due to allergies in the past 12 months?	YES	NO
9. Is there a history of anaphylaxis in the person’s family?	YES	NO
10. Does the person take adrenaline (Epipen) when suffering from an allergic reaction?	YES	NO

### IMPORTANT NOTES:

**I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND CORRECT. I FURTHER DECLARE THAT, IF MY CHILD IS UNABLE TO SELF ADMINISTER THE SUPPLIED MEDICATION, I GIVE PERMISSION FOR THE NOMINATED PERSON (Sacred Heart staff member or host family member) TO ADMINISTER THE SUPPLIED EMERGENCY MEDICATION. FINALLY, I ALLOW SACRED HEART TO KEEP THIS MEDICAL INFORMATION IN THE MEDICAL ARCHIVES.**

Guardians’ names: \_\_\_\_\_

Date \_\_\_\_\_ (MM/DD/YYYY)      Signatures: \_\_\_\_\_



NAME OF HOSTING FAMILY: \_\_\_\_\_

GRADE OF HOSTING STUDENT: \_\_\_\_\_

**AUTHORIZATION OF INTERVENTION IN CASE OF ACCIDENT OR ILLNESS**

Please fill out this document in print and upload to the link provided in the email.

I, undersigned \_\_\_\_\_ (parent name), residing:  
home address:

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

*Please, check one or all*

I authorize Headmaster/Headmistress of the hosting school to **follow the medical advice of a doctor** in case of accident or urgent/indispensable intervention for my child

\_\_\_\_\_ born (MM/DD/YYYY) \_\_\_\_\_  
during her entire stay in the school.

I authorize, \_\_\_\_\_, host-parents, to **follow the medical advice of a doctor** in case of an accident or urgent/indispensable intervention for my child during her entire stay in the family.

I request to be called immediately before any decision is made regarding my child's health:

*PLEASE WRITE CLEARLY*

**Family phone numbers:** Home 1: .....  
Home 2: .....  
Work guardian 1: .....  
Work guardian 2: .....  
Cell guardian 1: .....  
Cell guardian 2: .....  
**E-mails:** Guardian 1: .....  
Guardian 2: .....

**Parent(s)/Guardian(s) signatures:**



NAME OF HOSTING FAMILY

GRADE OF HOSTING STUDENT \_\_\_\_\_

NAME OF YOUR CHILD

### **AUTHORIZATIONS**

**Please fill out this document in print and upload to the link provided in the email.**

To whom it may concern (host parents, faculty, administration of visited school):

I authorize /  I do not authorize my child's picture to be published in the school website or any school publication.

I authorize /  I do not authorize third parties (school friends, host-family, etc.) to publish my child's picture on social media websites.

I authorize /  I do not authorize my child to participate in outings/field trips/travels organized by the school or by my child's host-family.

I authorize /  I do not authorize him/her to leave the school or arrive at school after or before school hours:

alone

only with an adult or with a friend or a classmate, but not by herself.

**Parent(s)/Guardian(s) signatures:**

**Student's signature:**

**Exchange Program:  
Sacred Heart Schools  
Policy Form**

**This policy form is to be reviewed, signed and submitted as part of the application file.**

As guests and learners in another country, and in a true desire to show respect and sensitivity to the people we visit, we must enter our travels with the following guidelines:

- Respect for each other—this is shown in timeliness and in the way we speak to one another.
- Respect for those with whom we meet or come into contact. Their culture and behavioral expectations are often different from ours. We are called to leave behind our own culture and live in solidarity with others.
- Appropriate dress—in general remember that women dress with much more modesty in most areas of the world. Furthermore, any piercing or tattoos need to remain covered at all times (this does not apply to earrings).

Safety guidelines must also be obeyed at all times. The fact that you are not accompanied by a chaperone from your school calls for even greater adherence and self-discipline on the part of the traveler. Disregard for any of the safety rules will be grounds for immediate return home, at parents' expense:

- No "sneaking out"
- No inappropriate relationships
- No riding mopeds, motorcycles, mini-bikes, or any other transportation not specifically approved by chaperone
- No body piercing or tattoos
- No smoking

Finally, since you are traveling as an ambassador of a Sacred Heart school, your behavior must at all times conform to the regulations stated in your school's Student Handbook. In particular, there will be:

- No tolerance for any use or possession of alcohol or illicit drugs

Possession or use of either will result in immediate action from your school and return home at parents' expense without an adult chaperone.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date



## PARENT/GUARDIAN PERMISSION FORM, pg. 1

**Unless Academy of the Sacred Heart receives this completed form prior to the start of the program, your child will NOT be permitted to participate.**

### **Permission to Participate**

My child: \_\_\_\_\_ may participate in the Academy of the Sacred Heart ("School") Visiting Students Program (VSP) also known as student exchange at the Sacred Heart school in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (exact dates.) I permit her to travel by plane, train, bus, taxi, subway, or by whatever other means may be necessary. I understand that she will leave from \_\_\_\_\_ and return to \_\_\_\_\_ upon completion of the Visiting Students Program. I acknowledge that I am responsible for my child's safe transportation to and from the host family and while she is on the VSP exchange and that I will make arrangements for her return home.

I understand that this is a wholly voluntary and extracurricular activity and that I am under no obligation to complete this agreement.

### **Release From Liability**

I am aware that all travel, and particularly travel abroad, which may at times be UNSUPERVISED, can be a dangerous activity involving MANY RISKS of serious injury and even death. I understand that although my child's host family and the Sacred Heart School in \_\_\_\_\_ will chaperone her, she will be UNSUPERVISED at times during her participation in the Visiting Students Program. I agree that the School is not an insurer of the health or safety of my child and does not assume responsibility for spontaneous and unforeseen events, which may occur during her participation in the Visiting Students Program.

I acknowledge that my child must strictly adhere to all School rules and instructions during the Visiting Students Program and also state that, to the best of my knowledge, my child is in good health and suffers from no disability or condition which renders her participation in the Visiting Students Program medically inadvisable or otherwise limits her ability to engage in this activity. I further acknowledge that I must complete the Medical Information and Consent form in order for my child to participate in the Visiting Students Program. I understand that in the event of a medical emergency, the host family and Sacred Heart school will abide by the Medical Information and Consent Form on file with the School.

In consideration of the School's permitting my child to participate in the Visiting Students Program, I hereby, on behalf of myself, my children, spouse, heirs, agents, executors, administrators, and assigns, release and forever discharge the School, its agents, trustees, officers, and employees, from any and all demands, claims, damages, actions, and causes of action, pertaining to or arising out of my daughter's participation in the Visiting Students Program including, but not limited to, claims for negligence, personal injury, breach of contract, or breach of warranty, except in the event of gross negligence or willful misconduct. I understand that, as a result of my executing this release, I will be forever barred from suing the School as a result of my child's participation in the Visiting Students Program.

***(continued on next page with Parent Signatures and Notary)***





**PARENT/GUARDIAN PERMISSION FORM pg.2**

By signing below, parents/guardians acknowledge that they have reviewed and agreed to this Permission to Participate and Release from Liability Parent/Guardian Permission Form

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

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY**

\_\_\_\_\_ (State)

\_\_\_\_\_ (County)

On this \_\_\_\_ day of \_\_\_\_\_ before me personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me known to be the persons who are named in and who executed the foregoing instrument and acknowledged that they executed same as their own voluntary act and deed.

\_\_\_\_\_  
Notary Public

Print Name of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_