



### Off Campus DAY Trips Medical & Release Form

Complete both sides of this form and submit to your student's division office prior to the first day of school.

#### General Information

Current School Year \_\_\_\_\_

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Cell (Home) Phone ( \_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Second Parent or Guardian \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

If above are not available in emergency, notify: \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

(Insurance information is required since each student is covered by limited accident and medical insurance. PA state law prohibits duplicate payments.)

#### Health History that may affect emergency treatment

Conditions & Diseases ▪ check all that apply:

Allergies ▪ indicate severity of all that apply:

_____ Frequent Ear Infections	_____ Diabetes	<u>Source</u>	<u>Specify</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
_____ Heart Defects/Disease	_____ Hypertension	Food	_____	_____	_____	_____
_____ Convulsions/Epilepsy	_____ Asthma	Animals	_____	_____	_____	_____
_____ Bleeding/Clotting Disorders	_____ Other	Medication	_____	_____	_____	_____
		Insect stings	_____	_____	_____	_____

Please elaborate on any of the above conditions, diseases or allergies that you marked:

#### Health Care

Physician's Name \_\_\_\_\_ Bus. Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Dentist's/Orthodontist's Name \_\_\_\_\_ Bus. Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\*\*Is the student currently under a physician's care for any injury or illness? Explain:

LIST the MEDICATIONS TO BE GIVEN, including over-the-counter meds such as Advil, Tylenol, etc.

Medication/Diagnosis	Dosage	When Taken (circle times needed)					
_____	_____	8AM	Noon	5PM	9PM	As Needed	Other _____
_____	_____	8AM	Noon	5PM	9PM	As Needed	Other _____
_____	_____	8AM	Noon	5PM	9PM	As Needed	Other _____

Prescription medication must be in the original, labeled prescription container. Over the counter medications must be in original packaging. It is NOT necessary to send Ibuprofen (Motrin), Tylenol, or Benadryl

**Authorization for Medical Care**

I, as parent or legal guardian of the above named minor, hereby certify that the above information is correct and give permission for the release of medical records in the case of illness/injury. The person herein described has permission to engage in all prescribed School activities. I give permission to Delaware County Christian School staff to transport my child to or from a doctor and/or hospital for emergency treatment. I give permission to the Delaware County Christian School designated licensed medical professional chaperone to administer the medication as listed on this form. Furthermore, I give permission to the Delaware County Christian School Coordinator or designate to allow hospital personnel and/or a licensed physician to perform emergency treatment and administer emergency medications. This authorization shall remain in effect for the duration of the above-mentioned school year.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release and Indemnity**

I hereby certify that I give permission for my son or daughter to participate in Delaware County Christian School programs. I understand that even though the school staff will make every effort to ensure the safety and well-being of my child, there are inherent risks of injury associated with off campus activities. I also give permission for my son or daughter to be transported in vehicles for approved transportation and activities.

In consideration of permission granted the herein named individual to participate in off campus activities, we hereby release and covenant with Delaware County Christian School that we will never, individually or as legal guardian of said individual, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of related activities sponsored by Delaware County Christian School, its successors and legal representatives; we further agree to indemnify and hold Delaware County Christian School harmless against any and all costs, damages and expenses which may be incurred by them as a result of any law suit we might file against them.

**PRINT Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE REVIEW THIS FORM -- Is it ENTIRELY FILLED OUT? Is it SIGNED AT BOTH PLACES?**