

To all 8<sup>th</sup> graders and parents/guardians:

Please read, discuss, sign and return ALL forms attached completely by Friday, November 14, 2025. The forms can be returned to Mrs. Baitala or Ms. Loll.

\*\* Please make a copy of the front and back of your current health insurance card and attach to packet being returned\*\*

Any questions, please email me at:

[HeatherLoll@parkridge.k12.nj.us](mailto:HeatherLoll@parkridge.k12.nj.us)

There will be a nurse and administrator on the trip.

Thank you,

Ms. Heather Loll

**PARK RIDGE BOARD OF EDUCATION**

**PERMISSION FOR TRAVEL AND RELEASE OF LIABILITY**

**SEPTEMBER 1, 2025 – AUGUST 31, 2026**

Name of Student: \_\_\_\_\_ Grade: 8<sup>th</sup> Date of Birth: \_\_\_\_\_

I/We, \_\_\_\_\_, parent(s)/legal guardians(s) of \_\_\_\_\_, give permission for my/our child, \_\_\_\_\_, to participate in the travel excursion set forth below

Destination: Philadelphia, Pennsylvania Mode of Transportation: chartered Bus

Departure Date and Time: Thursday, April 30, 6<sup>30</sup>am 2026 Purpose of Trip: Educational

Return Date and Time: Friday, May 1, 2026 ETA: 4:15pm

I/We understand and agree that on this trip, my/our child is expected to follow all school rules and is expected to conduct him/herself in accordance with the expectations for student conduct as set forth in the Park Ridge Board of Education's (hereafter referred to as the Board) Policies and Regulations and/or Student Handbook, just as if my/our child were at school. I further understand that my child is expected to abide by the laws and regulations of the countries to which he/she travels.

I also understand that if my/our child fails to comport him/herself within such expected standards of behavior, he/she shall be subject to discipline as set forth in the Board's Policies and Regulations and/or Student Handbook, as well as possible criminal or civil charges by the authorities of the countries visited. Discipline imposed by the Park Ridge School District personnel or chaperones may include, but is not limited to, termination of my/our child's participation on the trip or restriction of my/our child's activities while on the trip. I understand that if my/our child's participation on the trip is terminated, I/we will be responsible for all expenses related to my/our child's early return home.

As part of granting this permission and release of liability, I/We agree to hold the Board completely harmless and indemnify the Board, its officers, agents, employees, and chaperones, from any and all liability, claims or suits of any kind whatsoever, of or relating to this trip and/or related transportation activities, or any other aspect of this trip. I/We further understand and agree that the Board is not responsible for any losses, damage, injuries, expenses, costs, claims or actions which my child may incur or cause as a result of participating on this trip. The Board is released from any and all liability for financial obligations incurred by my/our child or us and I/we agree to indemnify the Board, its officers, agents, employees, and chaperones with regard to such liabilities.

**PARENT/GUARDIAN SIGNATURE**

I agree to all of the provisions set forth above and verify that the information provided herein is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian or Adult Student Name Date  
(please print)

\_\_\_\_\_  
Parent/Guardian or Adult Student Name (Signature) Date

Emergency Contact Information:

1. _____ Name (please print)	_____ Relationship	Home Phone: _____ Cell Phone: _____ Business Phone: _____ Email: _____
2. _____ Name (please print)	_____ Relationship	Home Phone: _____ Cell Phone: _____ Business Phone: _____ Email: _____
3. _____ Name (please print)	_____ Relationship	Home Phone: _____ Cell Phone: _____ Business Phone: _____ Email: _____

**Park Ridge Board of Education**

**Health History and Medical Release from Liability**

Trip to \_\_\_\_\_ on \_\_\_\_\_

(location) (dates)

September 1, 2025 – August 31, 2026

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

(please print)

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ International Access?  Yes or  No

**EMERGENCY CONTACT INFORMATION**

Name of parent(s)/guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional emergency contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Student's Medical Insurance Carrier: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Student's Medical Insurance Identification Number: \_\_\_\_\_

I/We understand that the information provided below will be maintained throughout the duration of the above referenced trip by Park Ridge School District and the trip chaperones. In the event that a medical occurrence arises, this information will be shared with medical personnel, as necessary.

Date: \_\_\_\_\_

Parent Name (please print)

Parent Name Signature

## PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

Physician's Fax Number: \_\_\_\_\_

Physician's E-mail: \_\_\_\_\_

Directions: Please answer the following questions about your child's health history by placing a "✓" next to "yes" or "no." Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Has your child ever had or does your child currently have any of the following chronic illnesses:
  - a. A chronic or ongoing illness (such as diabetes or asthma)?  
 Yes  No
    - i. An inhaler or other prescription medicine to control asthma?  
 Yes  No
    - ii. Any prescribed or over the counter medication to control asthma?  
 Yes  No
  - b. Surgery, hospitalization or any emergency room visit(s)?  
 Yes  No
  - c. Any allergies to medications?  
 Yes  No
  - d. Any Allergies to bee stings, pollen, latex or foods?  
 Yes  No
    - i. If yes, check type of reaction:  
 Rash  Hives  
 Breathing or other anaphylactic Reaction
    - ii. Medication/Epipen taken for allergy symptoms? (List below).  
 Yes  No
  - e. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders?  
 Yes  No

Explain all "Yes" answers here (include relevant dates):

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2. Has your ever had or does your child currently have any of the following related conditions:

a. Concussion or head injury?

\_\_\_ Yes \_\_\_ No

b. A seizure?

\_\_\_ Yes \_\_\_ No

c. Frequent or severe headaches (with or without exercise)?

\_\_\_ Yes \_\_\_ No

d. Fuzzy or blurry vision

\_\_\_ Yes \_\_\_ No

e. Sensitivity to light/noise

\_\_\_ Yes \_\_\_ No

Explain all "Yes" answers here (include relevant dates):

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3. Has your ever had or does your child currently have any of the following heart- related conditions

a. Chest pain or discomfort?

\_\_\_ Yes \_\_\_ No

b. Heart murmur?

\_\_\_ Yes \_\_\_ No

c. High blood pressure?

\_\_\_ Yes \_\_\_ No

d. Elevated cholesterol level?

\_\_\_ Yes \_\_\_ No

e. Heart infection?

\_\_\_ Yes \_\_\_ No

f. Racing or skipped heartbeats?

\_\_\_ Yes \_\_\_ No

g. Unexplained difficulty breathing or fatigue during exercise?

\_\_\_ Yes \_\_\_ No

Explain all "yes" answers here (include relevant dates):

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4. Has your child ever had or does your child currently have, eye, ear, nose, and/or mouth conditions:

a. Vision problems?

\_\_\_ Yes \_\_\_ No

i. Wear contacts/eyeglasses? (Circle which type)

b. Hearing loss or problems?

i. Wear hearing aides/implants? (Circle which type)

c. Nasal fractures or frequent nose bleeds?

\_\_\_ Yes \_\_\_ No

d. Wear braces or retainer?

\_\_\_ Yes \_\_\_ No

Explain all "Yes" answers here (include relevant dates):

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List all prescription and over the counter medications that your child takes and if they will be self-administered during the trip:

Medication Name	Dosage	Frequency	Self-Administered by your child During Trip Yes/No

### MEDICAL RELEASE OF LIABILITY

**A. Use of over the counter or prescription medications:**

I/We understand that I must grant written permission for my/our child to self-administer any prescription or over the counter medications throughout the duration of the trip. I/We further give consent for the school nurse to contact my/our child's physician, discuss my/our child's schedule for the self-administration of medications, and discuss my child's medical status. All medications must be in the originating labeled container and I understand that my/our child is responsible for securely storing, transporting and self administering the medications throughout the duration of the trip. I/We hereby certify that my/our child is capable of and has been instructed in the proper method of self-administration of medication. I/We acknowledge that the Park Ridge Board of Education (hereinafter referred to as the "Board"), its officers, employees, agents or chaperones shall incur no liability as a result of any injury arising from my/our child's storage, transportation, or self-administration of prescription or over the counter medications and I/we shall indemnify and hold harmless the Board, its officers, employees, agents or chaperones against any and all claims arising out of the storage, transportation, or self-administration of such medications by my/our child. I/We certify that I/we have complied with the Board Policy and Procedures on the self administration of medication and have met the requirements of N.J.S.A. 18A:40-12.3.

\_\_\_\_\_  
 Park Ridge Board of Education Administrator  
 (please print name and title)

\_\_\_\_\_  
 Parent/Guardian or Adult Student Name (please print)

\_\_\_\_\_  
 Park Ridge Board of Education Administrator  
 Signature

\_\_\_\_\_  
 Parent/Guardian or Adult Student Name Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

B. Emergency Medical Treatment

I/We do hereby grant permission to the designated Board's staff and/or chaperones to whom we have entrusted the care of our child, to authorize necessary emergency medical or surgical treatment, anesthesia or any required diagnostic tests in the event that I/we cannot be contacted. I/We agree to assume any and all financial costs that these events may incur. I/We release the Park Ridge Board of Education (hereinafter referred to as the "Board") from any financial obligations incurred by me/us or my/our child and agree to hold harmless and indemnify the Board, its officers, employees, agents or chaperones from any and all liability arising out of any emergency medical or surgical treatment, anesthesia, or diagnostic testing that my/our child may receive.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian or Adult Student Name (please print)

\_\_\_\_\_  
Parent/Guardian or Adult Student Name Signature

**PARENT/GUARDIAN SIGNATURE**

I certify that the information provided in the Health History and Medical Release form is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian or Adult Student Name

(please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Adult Student Name Signature