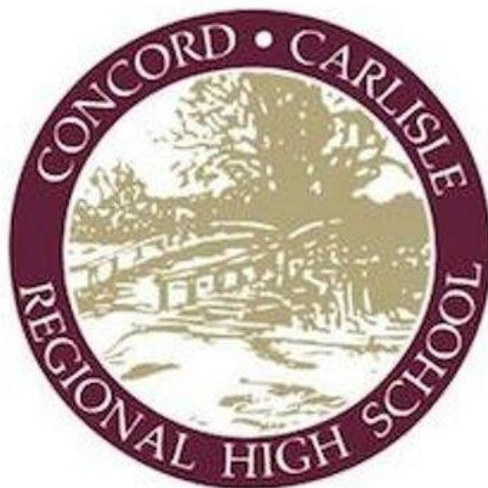




Student Packet for Overnight / Out-of-State / Out-of-Country Field Trips

Parent/Guardian /Health Care Provider



Please complete this packet and return the packet to the teacher in charge of the field trip.
Students will not be allowed to participate in the trip without a completed packet.



Trip Paperwork Checklist

Each listed item must be completed. Items underlined are for parent/guardian signature, and those in italics are for the Primary Care Provider. The medication requirements are based on state-mandated regulations.

Any item with *requires additional documents or a signature from a healthcare provider***

- _____ Permission and release form signed by PARENT (pg. 3)
- _____ Code of conduct signed by student and by PARENT (pg. 4)
- _____ Emergency contact, medical information, and consent for care completed and signed by PARENT (or student if 18 years of age or older) (pg. 5)
- _____ Insurance information and copy of card - Front and back (pg. 6)
- _____ Copy of immunization record (pg. 7, ******)
- _____ Copy of recent physical with approval for all activity, OR the **health care provider** statement signed by health care provider and (add to pg. 7 or signed by **health care provider ****)
- _____ Medication prescriptions written by a **health care provider** for any medication, including over-the-counter medication that is essential for the trip. (pg 8, ******)
- _____ Self-administration approval signed by **health care provider** and (pg 8, ******)
- _____ Self-administration approval signed by parent (or student if 18 or older) (pg. 8)
- _____ Permission for self-administration form signed by student and PARENT, if the physician approved medication for self-administration. (pg. 9)
- _____ IF carrying an EpiPen, completion of the EpiPen Emergency health care plan signed by the parent (or the student if they are 18 or older) (pg. 10)
- _____ IF carrying an EpiPen, completion of the EpiPen Emergency health care plan signed by a **health care provider** (pg. 10 ******)
- _____ Voluntary School Release Form signed by PARENT (pg. 11)
- _____ Self-Administer Medication Acknowledgement signed by PARENT (pg. 12)

Other Forms:



Parents/Guardians' Permission and Release Form

I/We _____ of _____
Print Name of Parent/Guardian Town of Residence

Parent/guardian of _____, a minor who is a student in the class of _____ at _____
Print Name of Student YOG

Concord-Carlisle High School, Concord, Massachusetts, hereby grant permission to the Town of Concord and Carlisle, its School Committees, and its employees and agents for our minor child to participate in a school trip to _____
Location of trip

It is my/our understanding that _____ as well as other chaperones, will accompany the group.
Head Chaperone

In consideration of the educational value of travel, and other privileges and advantages to be gained by my/our child's participation in said trip, I/we do hereby forever release, acquit, discharge, and covenant to hold harmless the Town of Concord and the Town of Carlisle, its School Committees, its employees and agents, and their employees who are accompanying the students on the aforementioned trip, from all actions, causes, of actions, claims, demands, damages, loss of services, expenses and compensations on account of, or in any way growing out of any and all personal injuries and property damage which may result at any time during the trip, and which we may hereafter have as parents and/or guardians of said minor child, as well as all claims or rights of action for damages which the said minor child may hereafter have either before or after he/she has reached majority. I/We further promise to bind myself/ourselves jointly to reimburse to said releases any sum of money which it/they may be compelled to pay because of any injury or damage or for any other reason, on behalf of said student while on said trip.

I/We further agree that should said minor child _____
Print Name of Student

behave in a manner which, in the judgment of the teacher in charge, may endanger the health, safety, or welfare of that student or others in the group (this, of course, includes any infraction of alcohol/drugs, rule), the teacher in charge, in his/her sole discretion, has my/our permission to the following:

1. Space will be reserved on the next available flight returning to Boston, and my/or child will be placed on such flight;
2. I/We shall be totally responsible for reimbursing any and all expenses for such transportation;
3. Upon notification of such a decision, I/we agree to meet and be responsible for my/our child upon his/her arrival.

I/We are aware that my/our minor child has been advised to travel in groups and is expected to maintain a buddy system during unscheduled time periods.

_____/_____/_____
Signature of Adult Print Name of Adult (Mother/Father/Guardian)

Print Address of Adult (Mother/Father/Guardian)

If the student is 18 years or older in age, the Student must read the foregoing and sign below

I _____, a student at Concord-Carlisle High School, have read the Permission and release form, and agree to its contents.

_____/_____/_____
Student Signature Print Name of Student Date



Student Contract - Code of Conduct

1. I agree to follow all school rules and regulations as stated in the student handbook.
2. I will not be in possession of or utilize drugs, tobacco, and/or alcohol while traveling with the Concord-Carlisle High School student group. I also agree not to be found in the presence of such substances, or I will be found equally at fault.
3. I agree to abide by the curfew rules set. At the appointed time, I will go to my room and observe quiet. Bed checks may occur after curfew and ensure that the students are where they are supposed to be.
4. I agree to uphold all laws and regulations as dictated by local governments (e.g. underage drinking, assault, shoplifting). I agree to respect the property of others and to pay for any losses and/or damages for which I am found responsible.
5. I agree never to leave the hotel without permission from my chaperone. Should I be granted permission to leave, I will be accompanied at those times by other members of my group. I will fill out the student logbook following the detailed procedure.
6. I understand that I am under the direct responsibility and authority of _____
Head Chaperone's Name

I am signing this Contract, and hereby giving my Word of Honor that I will follow the above Code while traveling with the Concord-Carlisle High School group on _____
Date(s) of Trip

As a representative of Concord-Carlisle High School, I understand that my behavior is critical to the success of the trip and as a precedent for future tours. Any violation of these rules will result in disciplinary action.

_____/_____/_____
Student Signature / Print Name of Student / Date

I HAVE READ THE ABOVE CONTRACT SIGNED BY MY CHILD.

_____/_____/_____
Parent/Guardian Signature / Print Name of Parent/Guardian / Date

_____/_____/_____
Parent/Guardian Signature / Print Name of Parent/Guardian / Date



Emergency Contact Information and Parent/Guardian Consent For Emergency Medical Treatment Form

_____	_____	_____	_____/_____/_____
Student Last Name	Student First Name	Middle Initial	DOB (MM/DD/YYYY)

In the event of an emergency situation, I give (**Teacher Name(s)**) _____ designated Chaperones, permission to sign consent for medical treatment for my minor child named above.

I also give permission to release medical information to emergency care providers or other appropriate health care providers in order to treat my child in a medical emergency

I also agree that I will be responsible for paying out-of-pocket medical expenses incurred if emergency treatment is needed

Optional Information:

Significant Allergies _____	Health _____	Issues _____
Current Daily Dietary Concerns _____		Medication _____

_____ / _____ / _____		
Parent/Guardian Signature	Print Name of Parent/Guardian	Date

Emergency Contacts in Order of Contact - (Please Print Clearly)

Name: _____	Relationship: _____	Cell #: _____
Email Address: _____		Home #: _____
		Work #: _____
Name: _____	Relationship: _____	Cell #: _____
Email Address: _____		Home #: _____
		Work #: _____
Name: _____	Relationship: _____	Cell #: _____
Email Address: _____		Home #: _____
		Work #: _____



Family Insurance Coverage

In the event of an emergency involving hospital care and/or specialist consultation, we will use your family's health insurance policy for your child.

Student Last Name Student First Name Middle Initial

Name of Insurance Company

Mailing Address of Insurance Company City State Zip Code

Telephone # of Insurance Company

Name of Subscriber Policy Number Group Number _____

Other Pertinent Information: _____

IMPORTANT:

Please photocopy both sides of your health insurance card in the space below, or you may attach a copy of both sides of your card to this form. We suggest you contact your insurance company to verify coverage for any out-of-country trip.



Physician Order and Parental Consent Prescription and Over-the-Counter Medication - Essential for This Trip

_____ Student Last Name Student First Name Date

Orders for prescription and non-prescription medication and special procedures for a student on a trip must be written below by a licensed healthcare provider. With a written physician order*, (see below) written parent consent, a student may self-administer medication. The attached permission form must be signed for self-administration. Only the amount of medication needed on the trip in its original or prescription-labeled container is to be included.

Pharmacy labels must be intact and accurate.

Medications that are not in their original bottles cannot be dispensed. All medications, including vitamins and over-the-counter medicines, including Tylenol and ibuprofen, must be written and signed for by a medical practitioner on this sheet.

*Written Physician Order Listed Below: Must be completed by the student's physician.

Medication	Purpose	Dose	Time to Take	Important Information	Approved for self-administration

Please describe special side effects, contraindications, or possible adverse reactions that may occur with any of the above medications on the back of this form. Please attach a description of any special procedures this student may need.

_____ Health Care Provider Signature Health Care Provider Print Name Office Phone # Date

I authorize the student to self-administer each of the above medications:		
_____ /	_____ /	_____
Parent/Guardian Signature	Print Name of Parent/Guardian	Date



Physician Order and Parental Consent for EpiPen

This form is for EpiPen Use Only - A copy is to be kept with the EpiPen Emergency Health Care Plan for Field Trips. Please contact the School Nurse for a copy if one is already on file in the health office

Place Child's Picture Here Please sign parental consent next to the picture in the space provided.

 Parent/Guardian Signature

 Student Last Name Student First Name Middle Initial ___/___/___
 Student Last Name Student First Name Middle Initial DOB (MM/DD/YYYY)

Allergy to: _____

Asthmatic: Yes _____ No _____ Special Considerations: _____

Signs of an Allergic Reaction Include:

Systems:	The severity of systems can quickly change. All of the systems below can potentially progress to a life-threatening situation
Mouth	Itching and swelling of the lips, tongue, or mouth
Throat	Itching and/or a sense of tightness in the throat, hoarseness, and a hacking cough
Skin	Hives, itchy rash and/or swelling about the face or extremities
G.I. Tract	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	"Thready" pulse, "passing out"

Physician Order and Parent Instructions

- For signs of a life-threatening allergic reaction, give _____, immediately followed by _____ if needed.

 Ordering Physician's Signature Date Telephone Number

- Call Rescue Squad 911 (Request epinephrine) if the EpiPen or systems are not responding.
- Call (#1) Parent _____ Phone: _____
- Call (#2) Parent _____ Phone: _____
- Emergency Contact Call
- Contact (#1) _____ Phone: _____
- Contact (#2) _____ Phone: _____

I plan to have my child carry 2 EpiPens at all times.

 Parent/Guardian Signature



Voluntary School Release Form

I, the undersigned (insert legal relationship to student, e.g., "parent," "guardian") of (insert name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic, recreation, or travel programs of the Concord Public Schools or the Concord-Carlisle Regional School District.

I also agree to forever release the Concord Public Schools, the Concord-Carlisle Regional School District, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation or travel programs of the Concord Public Schools or the Concord-Carlisle Regional School District from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Concord Public Schools or the Concord-Carlisle Regional School District voluntary athletic, recreation or travel programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Concord Public Schools or the Concord-Carlisle Regional School District voluntary athletic, recreation or travel programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Concord Public Schools or the Concord-Carlisle Regional School District's athletic, recreation or travel programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Concord Public Schools or the Concord-Carlisle Regional School District athletic, recreation or travel programs.

_____/_____/_____
Parent/Guardian Signature / Print Name of Parent/Guardian / Date

