

**Parent's or Guardian's Authorization for Pupil's Participation in Board of Education
Approved Overnight Trip Health History and Release of Claims**

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Age _____
Student's Address: _____ Home Phone #: _____
Full Name of Parent/Guardian: _____
Parents' Cell #s: (1) _____ (2) _____
Parent's Work # _____ Student's Cell #: _____
Parent's Email Address _____

HEALTH HISTORY

Does Student Have: Medical Insurance? Yes _____ No _____ Prescription Plan? Yes _____ No _____
Name of Insurance Company: _____ Insurance Policy #: _____
Name of Prescription Plan: _____ ID #: _____
Physician's Name: _____ Phone #: _____

HEALTH HISTORY:

Please indicate date(s) and describe below.

_____ Concussion/head injury
_____ Diabetes
_____ Asthma
_____ Epilepsy/seizures
_____ Cardiac problems
_____ Surgery (within 1 year)

ALLERGIES:

Please provide additional information below.

_____ Insect/bee sting allergy. Describe reaction.
_____ Food allergies. Please specify.
_____ Medication allergies. Please specify.
_____ Other allergies. Please specify.

Current health concerns : _____

Date of student's last tetanus shot: _____

MEDICATION

Students are prohibited from carrying or self-administering any medication whether it's prescribed or over the counter while participating on a school sponsored trip as per BOE Policy #5330. All such medication must be carried and administered by a Board approved licensed nurse. However, New Jersey law provides that students are permitted to self-administer medication only "for asthma or other potentially life-threatening illnesses or a life-threatening allergic reaction" N.J.S.A. 18A:40-12.5 (For example epi-pens or inhalers). The parent/guardian of the student must provide the school nurse with a written authorization from the student's physician and together develop an individualized healthcare plan. Therefore, a student may only medicate himself/herself under these limited conditions.

Please check the applicable space. If necessary a school nurse will contact you regarding the specific details of your child.

_____ My child/ward does not need any medication administered while on the trip.

_____ I will provide the required documentation to the school nurse in order for my child/ward to self administer prescribed medication such as an epinephrine auto-injector and/or asthma inhalers.

_____ My child carries an epinephrine auto-injector.

_____ I will need the medication(s) listed below administered to my child/ward by an approved licensed nurse while on the trip. **I understand my child/ward's physician must complete the enclosed medication form.**

RELEASE OF CLAIMS

As a parent or guardian, I do hereby request and authorize the Principal to permit my child or ward to participate in (activity) _____ (inclusive of customary trips in connection with such activity) during the school year _____. I understand that physical hazards may be involved in the above described activity, and I do hereby accept full responsibility for his/her acts while so engaged and in consideration of permission granted child or ward to participate in the above described activity. I hereby specifically release the Lenape Regional High School District, its officers and members of its Board of Education, and the faculty, employees and agents of said property real or personal caused by, occurring in connection with, or arising from the above described school activity.

This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless otherwise noted by me. I hereby authorize a school representative to stand in loco parentis for my child in the case of medical and/or dental emergencies. I give permission to the physician or hospital selected by a school representative to hospitalize, secure proper treatment for and to order medications, injections, anesthesia or surgery. I realize that all efforts will be made to contact me before any action is taken. I further understand that I am liable for all costs incurred and not covered by my insurance. I understand that this information will be shared with the medical professional attending this overnight trip.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily with full knowledge of its significance.

Signature of Parent/Guardian: _____ Date: _____