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

CHEROKEE	LENAPE	SENECA	SEQUOIA	SHAWNEE
856-983-5140 Fax: 856-810-4379 (grades 9 & 10) Fax: 856-810-4378 (grades 11 & 12)	609-654-5111 Fax: 609-714-7808	609-268-4600 Fax: 609-268-4635	609-268-3700 Fax: 856-983-5143	609-654-7544 Fax: 609-654-5611

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.

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Current health concerns :____

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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.**

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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: ________________________