

NORTH OLMSTED HIGH SCHOOL
SCHOOL TRIP PERMISSION FORM
(SECTION A AND B MUST BOTH BE COMPLETED)

STUDENT _____ TELEPHONE _____ GRADE _____
ADDRESS _____ DATE _____

SECTION A- EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

PART I OR PART II MUST BE COMPLETED
PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (Phone Number) or other parent _____ at _____ (Phone Number) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by:
(Preferred Physician) Dr. _____ Phone: _____
(Preferred Dentist) Dr. _____ Phone: _____
or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and,
2. The transfer of my child to _____ (Preferred Hospital) or any hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken, and physical impairments to which a physician should be alerted:

Parent Signature _____ Date _____

PART II - REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I want the school authorities to TAKE NO ACTION or follow this procedure:

Parent Signature _____ Date _____

SECTION B- PARENT OR GUARDIAN APPROVAL FOR SCHOOL TRIP

I give my daughter/son permission to attend a scheduled and approved school trip on (Day) _____

(Date) _____ and going to _____

Class _____

Teacher _____

Instrument Information Record

(List all instruments being brought on the trip on one form)

Name of Student: _____

Instrument(s): _____

Manufacturer: _____

Model Number: _____

Serial Number: _____

School owned or Personal: _____

Other identifying characteristics (dents, scratches, etc.)

Turn this form in no later than Monday, March 26th

MEDICATIONS: Please hand in with medication on April 4th

Name: _____ Parent Contact # _____

On the morning of the trip you will bring all the listed medication to the check-in table in a gallon ziplock bag with this paper folded and placed in the bag with the student name visible from the front of the bag. All medication must be in the original containers.

Please list below the medications your child will be allowed to take during the trip along with any special instructions on administering for the chaperones to know.

Prescriptions: (include name and dosage and administering times)

Over the counter medications: (Includes aspirin and tylenol)

Allergies: (Medicine/food, or other we should know about)

Any other medical conditions/concerns we should know about:

Please know that students with need for medication for an immediate need (inhaler/ Epi-Pen) will be allowed to carry these with them. If you have a medication you believe fits into this category that is not listed, please let us know here:

Parent Signature: _____ Date: _____

STUDENT NAME:

Trip Rules and Regulations contract of agreement and Luggage Check Form:

I agree to the rules and consequences set forth in the Rules and Regulations for the 2018 North Olmsted Orchestra and Wind Ensemble trip to Chicago. If I am (or my child) is in violation of any of the rules that requires a student to be sent home at parents expense, I agree to cover the necessary expenses.

I have checked my child's luggage. My signature below indicates that here are no prohibited items included in his/her luggage or personal belongings.

Parent Signature

Print Name

Date

Student Signature

Print Name

Date

This contract must be signed and returned on Wednesday, April 4th - It will not be accepted early.

Parent Pick Up Form

I am planning on being in Chicago at the end of the trip and would like my child(ren) to not return with the bus.

Name: _____

Child(ren) on the trip: _____

I understand that I will have to meet the group at the Briar Street Theater
(Address: Briar Street Theatre, 3133 N Halsted St, Chicago, IL 60657)

The students should be exiting the theater around 9:00pm on Friday Night.
If I am not present at the time of departure of the group (by 9:15pm) and
have not made contact with Mr. Kalish, the group will depart back to
Cleveland with my child on board.

Parent Signature: _____

Date: _____