Medical Information Sheet

Student's Name: _____ **Date of Birth:** ____/_____/_____

Home Address: _____

Parent/Guardian Name: _____ **Relationship**:_____

Home phone: _____ **Work phone:** _____

Cell Phone: _____

Parent/Guardian Name: _____ **Relationship**:_____

Home phone: _____ **Work phone:** _____

Cell Phone: _____

Emergency Contact: _____**Relationship:**_____

Home phone: _____ **Work phone:** _____

Cell Phone: _____

Insurance Company: _____

Insurance Policy Number:_____

****Check with your insurance about coverage for the country of travel**

Physical Issues or Restrictions:

_____

_____

_____

Is student currently on any medications: Yes _____ No _____

If yes, please list:

_____

_____

_____

Allergies:

_____

_____

_____

Other Important/Needed Information:

_____

_____

_____

_____

Date of last tetanus shot: ____/____/____

Permission for Treatment

In case of injury during an activity with Arlington Public Schools, I hereby consent to have STUDENT NAME: _____ examined and, if required, to be treated by a physician or hospital. I understand that in the case of injury, Arlington Public Schools will make every effort to contact me prior to taking the student to a physician or hospital. In the event that I cannot be notified, the Arlington Public Schools and its representatives have my permission to take appropriate steps to ensure the safety and well-being of my child. I, the Parent or Guardian of the above named children, give the Arlington Public Schools and authorized personnel, permission to sign for treatment in case of accident or injury. I understand that I am responsible for informing the school of any changes in my student's health condition.

I have notified the trip organizers of any and all medical or mental health conditions, in writing, which may affect the safety of the student or impact the trip. I will notify them of any changes.

Parent or Guardian signature: _____

Date: _____/_____/_____

Destination:_____ School: _____

Teacher(s): _____ Dates of trip: _____

PERMISSION TO PARTICIPATE AND RELEASE FROM LIABILITY

Your child's teacher has volunteered to organize a school-sponsored trip requiring travel to another state or out of the country. Participation in this trip is voluntary, but you must give permission before your child can go. If you do not give permission, your child will not be allowed to participate.

Your child will be under supervision by teachers and/or chaperones. It is possible that your child may face more risks by participating in this trip than if your child did not. We cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child, and you are in the best position to decide whether your child should participate. The School Department and Principal have approved this trip, but we cannot and do not guarantee that there will be no injuries or damages as a result of this trip.

This is a legal document and you are free to obtain a lawyer's advice before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release have no effect.

By signing this form, you agree that your child may participate in the trip. By signing this form, you also agree to release the Town of Arlington, Town officials, Town employees/teachers and all parental program and activity volunteers or chaperones from any and all damages, death and/or injuries of any kind you and your child might suffer as a result of participating in this trip, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

PLEASE BE ADVISED There will be no OMS medical staff on trips out of the country or abroad. In case of emergencies, students will be taken to local hospitals.

Signed: _____

Parent/Guardian of: _____
student name

Parent/Guardian Signature _____DATE_____