

6th CAMP ORKILA: MEDICAL FORM & AUTHORIZATION FOR OVERNIGHT FIELD TRIP

STUDENT NAME: _____ **HR:** _____ **DOB:** _____ **DUE SEPT 11th!!!**

PARENT/GUARDIAN & Non-Family Emergency Contact Information

Parent/Guardian #1: _____ **Email:** _____

Contact #: _____ **Cell #** _____ **Work#:** _____

Parent/Guardian #2: _____ **Email:** _____

Contact #: _____ **Cell #** _____ **Work #:** _____

Emergency Contact 1: _____ **Phone #:** _____ **Relationship:** _____


Emergency Contact 2: _____ **Phone #:** _____ **Relationship:** _____

Primary Doctor: _____ **Phone #:** _____

HEALTH INSURANCE: _____ **POLICY #:** _____

Phone # and special instructions: _____

REQUIRED MEDICAL INFORMATION:

*List any medications (prescription and over-the-counter) your child will need for the duration of camp. All medications to be taken **MUST** be turned in to the nurse at SB in the original container(s), along with  a **MEDICATION AUTHORIZATION FORM** for **EACH** medication **signed by the student's health care professional**.*

Medication at CAMP	Dose	Time to be Given	Any Instructions/Side Effects:

2) CIRCLE ALL ITEMS BELOW THAT APPLY TO YOUR CHILD:

ASTHMA INHALER FOOD ALLERGIES* OTHER ALLERGIES* EPIPEN SEIZURES**

3) *Allergies? Please Describe: _____

Care to be given for allergic reaction: _____

4) **Seizures History? Describe: _____

5) LIST OTHER MEDICAL CONDITIONS THAT STAFF and MEDICAL PROVIDERS SHOULD KNOW ABOUT WHEN ASSISTING YOUR CHILD, or that might impact/limit child's ability to participate fully, including recent illnesses, injuries, chronic conditions, disorders (anxiety, ADHD, Autism, etc.), or health concerns:

I authorize the release of the information given above to other school staff in order to coordinate services.

Parent/Guardian Signature

Date

Section 1: TO BE COMPLETED BY SCHOOL:

School Name: Salmon Bay School - Fall Camp	Student Name:
Dates: SEPT. 25th-27th, 2019	Destination: Camp Orkila, Orcas Island, Wa
Purpose: Outdoor Education: Fall Camp	
List of Activities: Group team building (initiatives), ropes course, archery, arts & crafts, row boats, zipline	
Supervision: <input checked="" type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input checked="" type="checkbox"/> Students will be directly supervised by Salmon Bay adult chaperones on this trip, except when: supervised by Camp Orkila Staff	
Mode(s) of Transportation: <input checked="" type="checkbox"/> School Bus <input checked="" type="checkbox"/> Ferry Departure from: SALMON BAY UPPER FIELD at 8:00 am 9/25/19 Return to: SALMON BAY around 3:30pm 9/27/19	

Section 2: TO BE FILLED OUT BY STUDENT**STUDENT AGREEMENT**

While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Seattle Public Schools' Code of Conduct.

Student Signature _____ Date _____

Section 3: TO BE FILLED OUT BY PARENT/GUARDIAN**AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS**

I understand that my child's participation in this field trip is voluntary and may expose my child to some risk(s). I have read and understand the description of the field trip (above) and authorize my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under Seattle Public Schools (SPS) supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my child's supervision during such periods of time when my child may be absent from SPS supervised activity. Such occasions are noted in the "Supervision" section in Section I of this agreement.

I state that my child has read and agrees to abide by the terms and conditions set forth in the SPS *Student Rights & Responsibilities-Code of Conduct* and to abide by all decisions made by teacher, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my child's participation in this field trip may at any time be terminated by SPS in the light of my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that my child is in good physical and mental health and my child has no special medical or physical conditions, which would impede participation in this field trip. I agree to disclose to SPS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip. In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care if, in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones listed to act on my behalf of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

NO, my child DOES NOT require medication during this trip

YES, my child DOES require medication during this authorized trip

If you checked YES, please describe the medication (prescription or over-the-counter) and its administration on the front side of this form.

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ **to participate in all aspects of this trip.**

Parent/Guardian: _____ **Date:** _____