OUT-OF-TOWN OR OVERNIGHT TRAVEL FIELD TRIP PERMISSION TO PARTICIPATE, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Student Name: _____ Trip Destination: _____

Departure Date: _____ Return Date: _____

The undersigned parents/guardians of the above-listed Rockwood student acknowledge that they are knowledgeable about and understand the details of the above-referenced trip, including the places to be visited, the dates and times of departure and return, the purpose of the trip, the method of transportation, and the requirements imposed on students who participate. The undersigned certify that they have received and read the "Out-of-Town or Overnight Travel Field Trip Booklet" (the "Booklet") provided by the district, including the Code of Conduct for students. The undersigned acknowledge that there are risks and dangers involved in the student taking the trip and that they nevertheless give their permission to the student going on the trip and they agree to assume the risks involved.

In exchange for the Rockwood School District sanctioning the trip and providing district-paid teachers, coaches or sponsors to accompany and supervise the student group, the undersigned hereby release and forever discharge the Rockwood School District, as well as its directors, officers, administrators, employees and other agents from any and all claims, causes of action or suits arising out of or related to any personal injury, property damage or death sustained by the above-mentioned student while on said trip, whether or not such injury, damage or death was caused in whole or in part by the action, inaction, negligence or fault of the Rockwood School District, its directors, officers, administrators, employees or other agents, and agree not to sue. The undersigned further agrees to indemnify and hold harmless the district, as well as its directors, officers, administrators, employees, and other agents against any claims asserted by or against my child as a result of or that occur during his or her participation in said trip.

The undersigned further agrees that the Rockwood School District representatives accompanying the student shall have the right to enforce rules of conduct and to impose disciplinary action in the event of the student's failure or refusal to obey said rules of conduct, including dismissal from the trip.

The Rockwood School District assumes no financial liability for trips. Parents assume all financial responsibility for trips, including those cancelled by the district and trips extended unexpectedly. In addition, parents assume all financial responsibility should they withdraw their child from the trip, or should their child be sent home from the trip by Rockwood representatives for any reason, including failure or refusal to obey the rules of conduct. The undersigned also acknowledges that any physician/hospital visits during the trip are the student/parents' financial responsibility, and not the responsibility of the district.

Parents/guardians may request the administration of prescription medication or over-the-counter medication pursuant to district policy, and as set forth in the Booklet. The undersigned agrees that neither the district, its directors, officers, administrators, employees, or other agents shall incur any liability as a result of any injury arising from the administration or self-administration of such medication, and the undersigned hereby acknowledges that no such liability shall exist, and on behalf of themselves and the student hereby waive any such liability. Furthermore, the undersigned hereby agree to indemnify and hold the district, its directors, officers, administrators, employees, or other agents harmless against any claims whatsoever arising out of the administration or self-administration of the medication.

I have agreed to all provisions of this Agreement by signing on the date indicated below.

_____ _____

Parent or Guardian Signature Date

I acknowledge that the Rockwood School District will have no financial or legal responsibility for injuries arising out of my participation in this trip. I further acknowledge that I have a responsibility to comply with the specific rules and requirements established for this activity, as well as the requirements of the student Code of Conduct, and that failure to comply with such rules and requirements may result in discipline, including, but not limited to, possible dismissal from the trip. I further acknowledge that inappropriate conduct while participating in this activity may result in additional discipline under Board of Education Policy, as such policy applies to both in-school and out-of-school misconduct.

_____ _____

Student Signature Date

White Copy: School; Yellow Copy: Sponsor; Pink Copy: Parent

OUT-OF-TOWN OR OVERNIGHT TRAVEL WITH NURSE FIELD TRIP AGREEMENT AND STUDENT INFORMATION FORM

Today's Date: _____ This is to certify that (print): _____ has my permission to make the trip to _____ from (date) _____ to (date) _____ with _____

I have received and read the Out-of-Town or Overnight Travel Field Trip Booklet (the "booklet"), and acknowledge that its requirements are incorporated herein.

Health Information: Check all that apply:

☐ Asthma ☐ Allergies ☐ Diabetes ☐ Wears Contacts ☐ Autism
☐ Medication ☐ Seizures ☐ Heart/Lung ☐ Mental Health ☐ Other

Explain checked boxes and identify any other health concerns: _____

Parent/Guardian (please print)	Phone (home)	Phone (cell)
Emergency Contact (please print)	Phone (home)	Phone (cell)

Insurance Information:

Insurance Provider	Provider's Phone Number	Insurance Policy Number
Insured's Name	Insured's Employer	Employer Phone Number

Request for Administering Prescription Medications to Students: (medications must be in pharmacy container with prescription label properly affixed to the medicine in question)

I request that my child be allowed to take the prescription (name) _____
☐ as prescribed by our physician while on the trip. I have read and complied with the requirements for doing so set forth in Part III of the booklet.
I request that my child be allowed to carry and use a self-administered metered dose inhaler containing
☐ rescue medication and/or an Epi-Pen as prescribed by our physician. I have read and complied with the requirements for doing so in Part III of the booklet.

Administration of Over-the-Counter ("OTC") Medication: (OTC medications must be in original container and used according to the physician's signed written directions which must be attached to this document). Further explanation is contained in Part III of the booklet.

☐ I give permission for a Rockwood representative to administer _____ to my child according to the recommended dosage instructions.
☐ I give my permission for a Rockwood representative to administer standing order medications per labeled dosing. For a list of standing order medications, see page 2.

My child and I have read, understand and agree to abide by the requirements set forth in this agreement, the booklet and all other expectations and rules set forth by the Rockwood School District and its representatives, including those accompanying students on this trip. I have also received and executed the Out-of-Town or Overnight Travel Field Trip Permission to Participate, Release of Liability and Indemnity Agreement (Form #5006).

I further agree that in an emergency any Rockwood representative may transport my child to a hospital/medical facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or emergency care deemed necessary.

Parent/Guardian (please print)	Parent/Guardian signature
Student Name (please print)	Student Signature

REQUEST FOR MEDICATION TO BE GIVEN AT SCHOOL

I request that (child's name): _____ DOB: _____ Grade: _____

be allowed to take the following medication at school.

Medication must be in its original labeled container. ☐ Prescription ☐ Over the Counter

Reason for Medication: _____

Name of Medication: _____

Dosage to be given: _____

Frequency/Time: _____

Physician's Name (print): _____

*Physician's Signature: _____ *Required for OTC medications*

Parent/Guardian Signature: _____

Date: _____

* NOTE: Per Rockwood School District's Medication policy, prescription and over the counter medications require written instructions from an authorized prescriber. In lieu of the physician's written request, the District will accept a prescription label properly affixed to the medication. The request shall state: name of student, name of drug, dosage, frequency of administration, route of administration, and the name of prescriber. Your pharmacy can provide an extra-labeled bottle for school.

The physician may fax this order to school at: _____

Read the full Policy 2870: Administering Medicines to Students on the Rockwood website at www.rsdmo.org

ROCKWOOD SCHOOL DISTRICT

OUT-OF-TOWN OR OVERNIGHT TRAVEL WITH NURSE FIELD TRIP AGREEMENT AND STUDENT INFORMATION FORM

Rockwood's School Health Services, in collaboration with the District's consulting physician, have agreed to the administration of certain over-the-counter (OTC) medications according to the physician's standing order. Listed below are the OTC medications that, based on professional nursing assessment and judgment, may be administered to students who have parental permission (see reverse "Consent"). Our goal is to minimize both absenteeism and student discomfort while in the school setting and to maximize instructional time. Dosing of medication will be according to the package labeling based on age/weight. Some medications are listed by brand names to assist in recognition of the medication, although a comparable brand or generic equivalent may be stocked.

Oral Medications

Tylenol (acetaminophen) for minor pain, fever reduction
Advil/Motrin (ibuprofen) for minor pain, fever reduction
Benadryl (diphenhydramine) for hives, itching
Tums (calcium carbonate) for indigestion, upset stomach
Throat lozenge for cough or sore throat (grades 6-12)

Eye Medications

Eye wash solution for irrigation, rinsing of eyes
Eye drops for dry eyes
Multi-purpose solution for contact lens care
Antihistamine eye drops for itchy eyes

Topical Medications

Bactine (anti-septic liquid) for wound cleaning
Neosporin (triple antibiotic ointment) for minor wounds or abrasions
A&D Ointment (petrolatum and lanolin) for skin irritation
Blistex (topical emollient) for chapped lips, cold sores
Orajel (benzocaine) for oral lesions, tooth pain
Chloraseptic (phenol) spray for sore throat
Caladryl (pramoxine) for rashes, itching
Hydrocortisone cream 1% for rashes, itching
Benadryl (diphenhydramine) topical for rashes, itching
Sting Kill (benzocaine) for insect bites and stings
Solarcaine (lidocaine) for minor burns
Water Burn Gel (lidocaine) for minor burns
QR Powder for prolonged nosebleeds
Muscle balm for muscle aches
Mouthwash for mouth refreshment

GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT

Registration Form

Required for all adults and students

Please copy and return completed form to school staff as soon as possible

School Name_____Date of trip_____

Student name _____ Male____Female_____Race_____(for reporting only)

Student E-mail address_____ Student Birth Date _____ / _____ / _____

Parent/Guardian _____

Home address _____ City _____ State _____ Zip code _____

Home phone ( ) _____ Work phone ( ) _____ Fax ( ) _____

Cell phone, or other ( )_____E-mail address _____

—Tremont does not discriminate against applicants by race, creed, sex, or national origin.—

In case of an emergency, please notify:

1st priority: Name _____ phone ( ) _____ relationship to student: _____

Alternate: Name _____ phone ( ) _____ relationship to student: _____

Tremont wants every child to be able to have a rewarding camping experience and participate in physically demanding activities. If your child has any **medical condition** which might limit your child's ability to enjoy all that Tremont has to offer, we urge you to let us know as soon as possible so that we can discuss whether there are reasonable ways in which we can modify our programs and activities to provide your child with a safe and enjoyable experience._____

_____

Do you have any dietary limitations (Including food allergies. If food allergies, please describe severity, if airborne, contact, ingestion, etc) ?_____

_____

Do we have permission to administer (circle yes/no): Acetaminophen? yes/no Ibuprofen? yes/no Benadryl? yes/no

Are there any medications that need to be administered during your stay? Yes/no _____

_____

_____

Name of family physician_____Name of dentist/orthodontist_____

Do you carry family/hospital insurance?_____Yes_____No

Important ** Please notify us if the student was exposed to any communicable disease within 3 weeks of the program start date.

Insurance carrier_____Group #_____Policy number #_____

Suggestions from parents: _____

If your child needs to be picked up by anyone other than school, are there any pick up restrictions? _____

Parent's Authorization: As the parent or legal guardian, I have described all medical conditions which could might limit my child from being able to fully enjoy and experience Tremont's activities. The person herein described has permission to engage in all prescribed camp activities except as noted by me. I hereby give permission to the physician selected by the school teacher or GSMIT staff to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school teacher or GSMIT staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. It is expressly understood and agreed that GSMIT shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of GSMIT acting within the scope of his/her employment. I grant permission for image and likeness (i.e. photo, name, quotes) of my child to be used in publications by the Institute. This form is also used for diversity reporting.

Signature_____Date _____