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## **Board of Education Policy Exhibit 4531.02**

### **MEDICAL CONSENT FORM & SWIMMING PERMISSION**

NAME OF TRIP PARTICIPANT: (please print)\_\_\_\_\_

#### **MEDICAL CONSENT FORM**

This Medical Consent Form is required for EVERY TRIP PARTICIPANT. It is our way of protecting you when away from home. In the case of a minor, it is our policy to inform parents immediately if illness or accident occur. However, if no one can be reached immediately, it is then that the Medical Consent Form serves its important purpose—to provide the best professional services obtainable. It enables a doctor to meet emergency needs without endangering delays.

#### **PHYSICIAN'S STATEMENT**

\_\_\_\_\_has applied to go to \_\_\_\_\_with the Burnt Hills-Ballston Lake PEACE Program. Participation in this program will require significant airplane/bus travel involving major U.S. and \_\_\_\_\_ cities. It will also involve residing with a host family for a two week period and adjusting to changes in time, food, and schedules.

I hereby certify that \_\_\_\_\_ is medically able to participate in this program.

#### **PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

- |    |   |    |     |
|----|---|----|-----|
| 1. | Is the participant allergic to any medicine, drug or food?<br>Please list:_____     | NO | YES |
|    | If yes, does the student carry an EpiPen?   | NO | YES |
| 2. | Is the participant a diabetic?<br>List medical procedures to be followed:<br>_____  | NO | YES |
| 3. | Does the participant have asthma?<br>If yes, does the participant carry an inhaler? | NO | YES |
| 4. | Are there any medical problems we should be aware of?                               | NO | YES |

Please discuss: \_\_\_\_\_

5. Is the participant taking any prescription medications at this time? NO YES  
If yes, please list: \_\_\_\_\_

6. Can the participant administer this medication on their own? NO YES

7. Date of last tetanus shot? \_\_\_\_\_

8. Any other information or medications that need to be discussed:

NOTE: If participant is to use a prescribed medicine, provide:

NAME OF DOCTOR/PHONE NUMBER: \_\_\_\_\_

NAME OF MEDICINE: \_\_\_\_\_

(Attach photocopy of Rx)

### **INSURANCE COVERAGE FOR THE FIELD TRIP PARTICIPANT**

Name of Insurance Company \_\_\_\_\_ Insurance Identification Number \_\_\_\_\_

Group Number (if applicable) \_\_\_\_\_ Policy Subscriber's Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

(Attach copy of insurance card)

### **OVER THE COUNTER MEDICATION**

I give permission for my child to take over the counter medication while on the field trip.

YES \_\_\_ NO\_\_\_

If you give permission, the medication your child takes must be in its original container with the name and usage directions clearly visible. The medication(s) I give permission for my child to take are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

### **MEDICAL AUTHORIZATION FOR THE TREATMENT OF MINOR**

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or to be operated on without the written consent of the parent or guardian, we request that parents or guardians sign the following statement. Every effort will be made to contact the parents or guardian before any major treatment. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents.

In the event of injury or illness to our son/daughter/ward\_\_\_\_\_

born\_\_\_\_\_we hereby authorize\_\_\_\_\_

\_\_\_\_\_to secure whatever treatment is deemed necessary, including the administration of anesthetic, surgery and dental treatment.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

### **PERMISSION TO PARTICIPATE IN SWIMMING/WATER ACTIVITIES**

I understand that during the trip to\_\_\_\_\_, my child may have opportunities to participate in swimming/water activities where there may be no lifeguard on duty.

\_\_\_\_\_has my permission to participate in swimming activities during the

(student's name) trip to \_\_\_\_\_.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)