Emergency Medical/Field Trip Release Form (EMF)

Thomson Middle School Ac & Honors, Jekyll Island, GA

Student Name_____ Birth Date_____ Homeroom Teacher_____

Address_____City/State_____Home Phone_____

EMERGENCY CONTACT/PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____Cell #:_____ Work #:_____

Father/Guardian Name: _____Cell#:_____Work#:_____

In the event that a parent/guardian cannot be reached contact one of the following:

Name_____Relationship_____Cell#_____Work#_____

Name_____Relationship_____Cell#_____Work#_____

STUDENT'S HEALTH HISTORY

Student's Age_____ Student's Height_____ Weight_____ Sex: M ❑   F

❑   Does your child have a diagnosed medical condition? ❑ NO   ❑YES, circle all that apply:

Asthma   Cancer   Cardiac Condition   Cerebral Palsy   Diabetes   Seizures   Sickle Cell Disease   Sickle Cell Trait

Other health condition not listed: _____

Does your child have a health condition which may require **EMERGENCY ACTION** while he/she is at school? (e.g., seizure, allergy, asthma, diabetes, heart problem, or other problem) ❑NO   ❑YES, describe: _____
_____

Allergies: ❑NO   ❑YES, please list: _____

Does your child take **ANY** medications, prescription and/or over-the-counter? ❑ NO   ❑YES, please list: _____
_____

PRESCRIPTION/NONPRESCRIPTION/EMERGENCY MEDICATIONS

❑I(we) do hereby give permission for the below indicated non-prescription medications to be administered to my child _____ by the school staff or designee.

❑ I do hereby release Thomson Middle School, its administrators, staff and faculty from any and all damages for any accident, injury or illness that may result from or related to the administration of the below indicated non-prescription medications.

❑ I hereby authorize the school nurse to share this information with Thomson Middle School staff as necessary for the safety and welfare of my child during the fieldtrip.

Pain: ❑ Acetaminophen (Tylenol or generic equivalent) ❑ Ibuprofen (Advil or generic equivalent) ❑ Midol (Girls only)
Bee Stings or Allergic Reactions: ❑ Diphenhydramine (Benadryl or generic equivalent)
Upset Stomach: ❑ Tums (chewable) (or generic equivalent)
First Aid for Minor Scrapes/Itching: ❑ Antibacterial Ointment (Polysporin or generic equivalent)
❑ Cortizone Cream 1% (or generic equivalent)
Other: ❑ Check here for OTC medication not listed   **List the Medication Name:**_____

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PHYSICIAN/INSURANCE INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Carrier:_____ Policy #: _____

Under the name of: _____ Relationship: _____

Preferred hospital (Optional) _____

PERMISSION TO PARTICIPATE

I(we) give my(our) permission for my(our) child to participate in all field trips activities while visiting Jekyll Island, GA.

I(we) understand that there are risks involved with participation in off-campus trips and their associated activities. In consideration of my(our)child being allowed to participate in this event, I(we) assume to take responsibility for those ordinary and reasonable risks associated with the travel and activities. I(we) agree to hold harmless Thomson Middle School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my(our) child's participation. I(we) acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

PERMISSION TO TREAT

In case of accident, illness, or other emergency, I(we) request that the school contact me(us). If the school cannot reach a parent/guardian after conscientious effort, I(we) give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I(we) give permission for school staff to call paramedics immediately and then contact me(us) as soon as possible thereafter. I(we) authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I(we) agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I(we) give permission for the release of health information including verbal, print, fax, and electronic media, for the treatment of my/our child, within FERPA guidelines, to the appropriate Thomson Middle School personnel and/or attending health care providers.

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

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