

FENWICK HIGH SCHOOL
OVERNIGHT/EXTENDED TRIP CONSENT/RELEASE FORM

To Be Signed By The Student

I, _____, as a student of Fenwick High School, and in consideration of being permitted to participate in the _____ (“Trip”), agree to abide by and adhere to the Fenwick Student Conduct Policy for Overnight/Extended Trips, the Student Behavior and Discipline policies in the Fenwick Parent-Student Handbook and the rules and procedures established by the supervisor and chaperones participating in the Trip.

Student Signature: _____ Date: _____

To Be Signed By The Parent/Guardian

I/We, _____, as [parent(s)] [guardian(s)] of _____ (“Student”) hereby represent(s) and warrant(s) that I/we have read or been advised of and agree to the Fenwick Student Conduct Policy for Overnight/Extended Trips, the Student Behavior and Discipline policies in the Fenwick Parent-Student Handbook and the rules and procedures established by the supervisor and chaperones participating in the Trip. I/We further acknowledge and agree that by participating in the Trip, Student may be exposed to certain risks and activities that might have the potential for causing personal injury or damage, including without limitation, air travel, bus travel, automobile travel, subway travel, sightseeing activities, educational activities, museum attendance, entertainment, physical activities, recreational activities, overnight lodging, meals and _____ [insert particulars for specific Trip]. In consideration of Fenwick High School allowing Student to participate in the Trip and for good and valuable other consideration, I/we, on my/our own behalf and on behalf my/our heirs, executors, administrators and assigns and on behalf of Student and any person or entity that might have a claim for injury or damage to Student, do hereby release and forever discharge Fenwick High School, its faculty members, administrators, officers, directors, trustees, employees, agents and representatives and any Trip chaperones of and from any and all claims, demands, losses and injuries, of any nature and however arising, including without limitation claims or causes of action for any and all loss of personal property, illness, injury or death, incurred or sustained by me or by Student as a result of attending, participating in, and traveling to and from the Trip.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FENWICK HIGH SCHOOL
OVERNIGHT/EXTENDED TRIP CONTACT INFORMATION
AND MEDICAL INFORMATION/CONSENT FORM

CONTACT INFORMATION

Student's Name: _____
Student's Date of Birth: _____
Student's Cell Phone: _____
Student's Email Address: _____

Parent/Guardian's Name: _____
Parent/Guardian's Address: _____
Parent/Guardian's Home Phone: _____
Parent/Guardian's Work Phone: _____
Parent/Guardian's Cell Phone: _____
Parent/Guardian's Email Address: _____

Parent/Guardian's Name: _____
Parent/Guardian's Address: _____
Parent/Guardian's Home Phone: _____
Parent/Guardian's Work Phone: _____
Parent/Guardian's Cell Phone: _____
Parent/Guardian's Email Address: _____

HEALTH INSURANCE INFORMATION

Subscriber/Employee Name: _____
Insurance Company: _____
Policy/Group Number: _____
Group Name/Employer: _____

PERMISSSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency which requires medical attention, evaluation or treatment, I/we hereby give our permission to transport my child to a hospital, acute care center or physician for evaluation and treatment. I understand that all reasonable efforts will be made to contact me prior to any medical treatment is rendered. In the event that a physician who has evaluated my child advises that emergency treatment must be rendered before I can be contacted, I hereby grant my permission for such physician(s) or hospital personnel to render such treatment as may be necessary to treat my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PRESCRIPTION DRUGS AND MEDICATIONS

Name of Participant

Any person who is taking any sort of prescription drugs or medications need to secure a signed doctor's prescription, using the drug's generic name, and attach it to your signed medical form. All drugs and medications should be carried in the ORIGINAL bottle or package supplied by your pharmacy (no special "pill boxes" please). All bottles and packages should then be carried in your carry-on luggage, NOT in your checked-through luggage.

Travelers with allergies or specific medical conditions which would require special medical attention should make note of these.

List all medical situations and specific instructions relating to this situation:

Medical Situation	Instructions/Treatment
_____	_____
_____	_____
_____	_____
_____	_____

List all prescribed and over-the-counter medications and specific instructions:

Medication	Instructions/Treatment
_____	_____
_____	_____
_____	_____
_____	_____

Does medicine need to be refrigerated? Yes No

If Yes, please specify:

List known allergies and specific information and instructions regarding these allergies:

Allergy	Instructions/Treatment
_____	_____
_____	_____
_____	_____