

HOPEWELL MIDDLE SCHOOL

TRIP PERMISSION, MEDICAL AND CONSENT FORM

HMS Orchestra Trip to Walt Disney World

**I am giving permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**to participate in the HMS Orchestra trip to Walt Disney World, March 14-17, 2018.**

***In the rare event of illness or accident, I hereby give my consent for the necessary emergency***

***treatment of my child. I understand every effort will be made to contact a parent or guardian.***

**PARENT SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TYPE OR PRINT**

**STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First MI Preferred Name

**PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WORK**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT** *in case parent cannot be reached\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City State Zip

**INSURANCE CARRIER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GROUP NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to provide the best care for your child, please provide the following information:**

Does your child have any type of medical condition/illness that needs to be monitored?

Yes\_\_\_\_\_ No\_\_\_\_\_\_\_\_Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a care plan for this condition/illness on file in the clinic?\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have food, drug or insect allergies? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an epi pen or care plan on file in the clinic for these allergies?\_\_\_\_\_\_\_\_\_

If your child has special dietary requirements, please specify.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child need to take medication (prescription or non-prescription) during the trip?

Yes\_\_\_\_\_ No\_\_\_\_\_

If so, please list the name of the medicine below and complete the ***Authorization to Give Medication at School*** form. **Please note that if it is a prescription, a doctor must sign the form.** All medications (prescription and non-prescription) must be in the original containers and placed in a Ziploc bag labeled with the child’s name. Please send a 2-day supply.

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