

Lake Shore Public Schools

Uniform Parental Medical Consent, Release and Assumption of Risk Form

Student's Name: _____ School Year _____

As used herein: "Field Trip Sponsors", shall include the Lake Shore Public Schools, attending faculty members, adult chaperons and licensees, and "UNDERSIGNED" shall be the father and/or mother, or the guardian, or the student if eighteen years or older.

The UNDERSIGNED understand that during the field trip in which the student is participating under the direction of the FIELD TRIP SPONSORS, certain risks and dangers may occur, including but not limited to hazards of accidents or illness, the forces of nature, and travel by airplane, automobile, bus, train or other conveyance.

In partial consideration of, and as partial payment for, the right to participate in this field trip and related activities and to utilize the services, including food, as provided, the UNDERSIGNED hereby assume all risks set forth above and hereby hold the FIELD TRIP SPONSORS harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which arise from or in connection with the above-described field trip and related activities. The terms hereof shall serve as a release and assumption of risks for the heirs, executors, administrators and members of the student's family.

In the event emergency medical treatment is required for the student while he is under the control and direction of the FIELD TRIP SPONSORS and if consent is a requisite to any such treatment, the UNDERSIGNED hereby grant to the FIELD TRIP SPONSORS the right to give consent to such treatment for the student on the behalf of the UNDERSIGNED. Said consent may be granted or withheld by the FIELD TRIP SPONSORS as each of them, in their sole discretion, shall determine. The UNDERSIGNED hereby waive any claim which they may have against the FIELD TRIP SPONSORS arising from the granting or withholding of the aforesaid consent.

_____	_____	_____
Student's Name	Date	Birthdate
_____	_____	
Parent/Guardian Signature	Date	
_____		_____
Address		Telephone

Health Insurance Company & Identifying Policy Numbers: _____

Lake Shore Public Schools

Uniform Field Trip Health History Form

NAME _____ SEX _____
STREET _____ HOME PHONE # () _____
CITY _____ STATE _____ ZIP _____
SCHOOL _____ GRADE COMPLETED _____
PARENT/GUARDIAN NAME _____ BUSINESS PHONE # () _____
PARENT/GUARDIAN ADDRESS (if different from child's) _____
HEIGHT _____ WEIGHT _____ BIRTHDATE _____

MEDICAL INFORMATION - Indicate if your child has had any problems with any of the following:

Asthma _____	Ear Infections _____	Hearing difficulty _____
Claustrophobia _____	Fear of heights _____	High blood pressure _____
Diabetes _____	Foot trouble _____	Heart problems _____
Dizziness _____	Headaches _____	Nausea _____
Sun poisoning _____	Vomiting & seasickness _____	

Trouble breathing through nose, other than during a cold _____
Frequent upset stomach, heartburn, indigestion, peptic ulcer _____
Nervous breakdown or periods of market depression _____
List any allergies or indicate "NONE" _____
List any medication the child is currently taking _____
Has child had surgery within the last two years? _____ If yes, what? _____
Date of child's last tetanus shot or booster _____
Is child a vegetarian? Yes _____ No _____
Has child had checkup by dentist within the last year? Yes _____ No _____
Has child had appendix removed? Yes _____ No _____
Does your child have any physical impairment or disability that might affect his/her ability to participate in this program? Yes _____ No _____
If yes, please elaborate on an attached note.
Indicate any other special considerations, such as reactions to medication, of which we should be aware:

In the event of either illness or an accident, we will attempt to telephone child's parents/guardians. If we are unable to contact a parent/guardian, we will contact child's family doctor.

Doctor's Name _____ Phone # () _____

Doctor's Address: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

EMERGENCY CONTACT:

Name/Relationship : _____ Phone # () _____