# PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION FOR SCHOOL TRIPS

- **BY SIGNING THIS CONSENT FORM, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW AND THAT ANY INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

- **I ASSUME RESPONSIBILITY FOR CONTACTING Mrs. Aldridge (TEACHER/SPONSOR) IF THERE IS ANY CHANGE TO MY CHILD'S MEDICATIONS, NEED FOR MEDICAL ASSISTANCE, OR MEDICAL CONDITION AFTER I COMPLETE THE HEALTH INFORMATION ON THE BACK OF THIS FORM.**

- **IF THIS FORM IS NOT COMPLETED AND RETURNED BY 10/29/18 (DATE MM/DD/YYYY), THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY.**

**Emerald Team**

<table>
<thead>
<tr>
<th>School</th>
<th>Name of Teacher/Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGMS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRIP/ACTIVITY PLANNED</th>
<th>DATE(S) OF TRIP/ACTIVITY</th>
<th>PURPOSE OF TRIP/ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC Museum of Art</td>
<td>11/29</td>
<td>Enrich study of civilizations by bus</td>
</tr>
</tbody>
</table>

*Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return.

** When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

**Changes/Cancellations**

I understand school trips may be canceled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

**Expectations and Instructions**

I understand the following is expected of the student:
- To follow instructions given by the teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

**Insurance Coverage**

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I request that [student] be allowed to participate in the trip and/or activity planned and, recognizing the risks inherent in the trip and/or activity planned, specifically consent to the student's participation. In the event of an accident or a medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such accident or emergency.

**Parent/Guardian Signature**

Date

This form must be kept with school officials at all times during the school trip.
Parent/Guardian Name_________________________ Day Phone_________________________

Home Address_________________________ Evening Phone_________________________

Emergency Contact_________________________ Emergency Phone_________________________

Name of Insurance Company_________________________ Policy #_________________________

School Trip Health Information

- In the event that the routine medical needs of any student attending the school trip cannot be met by school employees, a licensed nurse may be required to attend. Parents of students with medical needs will be contacted directly by the assigned school nurse.

- In the event of an accident or emergency, the below information may also be provided to emergency medical providers as needed.

- If your child’s medications, need for medical assistance, or medical conditions changes after completing this form, contact _______________________________(Teacher/Sponsor) and provide updated school trip health information.

☐ Student has no medication(s) and/or needs no medical assistance during this school trip

☐ Student requires medication(s) and/or medical assistance during this school trip (*complete information below)

☐ Parent/Guardian will be attending the school trip and will provide medication(s) and/or medical assistance for this student

*List all daily and emergency medications (including dosage and time taken) that will be needed during this school trip

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the student require medical assistance, other than the administration of medication(s)?

☐ Yes ☐ No

If yes, describe:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

List all allergies:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

This form must be kept with school officials at all times during the school trip.
On Thursday November 29, 2018 the Emerald Team is taking classes to the North Carolina Museum of Art for the Georgia O’Keeffe Exhibition.

The trip cost $5 to assist in covering the transportation cost as the museum has provided grants. Students can bring cash to Ms. Cross or pay online from the link on the school website.

Students will also need lunch money on the day of the trip when we stop at the McDonalds and Chick Fila at White Oak before returning to school. Students can also bring a bag lunch from home or school.

Please complete this form and the attached field trip form and return by Monday October 29, 2018!

Forms must be turned in to the nurse at least 30 days prior to the trip. Please adhere to the deadline.

Student Name ________________________________

Teacher _________________________________

____ I will bring my own lunch or money for lunch.

____ I need a bag lunch from school.

Parent Name ________________________________

Phone _________________________________

E-mail _________________________________

____ I would love to join you and chaperone the trip.

____ I cannot attend the trip. Have fun!