

# JSERRA CATHOLIC HIGH SCHOOL

## FIELD TRIP AUTHORIZATION AND RELEASE FORM FOR PARENTS

Form must be completed and returned to \_\_\_\_\_ by \_\_\_\_\_ in order to participate in this event.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Field trip off the JSerra campus to \_\_\_\_\_ Date(s) of trip: \_\_\_\_\_

Means of transportation: \_\_\_\_\_

Responsible/Supervising JSerra Employee: \_\_\_\_\_

I hereby request that JSerra Catholic High School ("JSerra") permit my son/daughter identified above to participate in the foregoing activity. I am aware that there are certain risks associated with such participation. I hereby knowingly and voluntarily assume full responsibility for any and all such risks (including risks of bodily injury, personal injury, death, or property damage). I acknowledge that my student has no emotional or physical condition, which would cause him or her to be a danger to themselves or others, and that may impede the success of the trip. My son/daughter is covered by medical health insurance sufficient to provide for any medical costs that may be incurred, and in any event, I agree to be fully responsible for such costs.

Moreover, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, individually and on behalf of my minor child and minor child's heirs, representatives, and assigns, hereby knowingly and voluntarily: (i) release, waive, and discharge JSerra, and each of its officers, directors, employees, agents, volunteers, and representatives ("Releasees"), of and from any and all liability, claims, demands, causes of action, losses, damages, costs (including attorney's fees and court costs) and expenses relating to or arising from such participation and sustained as a result of the negligence of JSerra (hereinafter referred to as "Losses"); and (ii) agree to indemnify and hold harmless the Releasees from all Losses. I further expressly agree, individually and on behalf of my minor child and minor child's heirs, representatives, and assigns, that this release and waiver, indemnity agreement, and assumption of risk are intended to be as broad and inclusive as permitted by California law.

I hereby authorize JSerra personnel, as agent for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and render under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Provisions Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care, which the aforementioned physician, in exercise of his best judgment, may deem advisable.

**Parent/Guardian initials:** \_\_\_\_\_

### *STUDENT MEDICAL HISTORY/MEDICATION AUTHORIZATION*

Allergies/medical problems/disabilities: \_\_\_\_\_ I

have authorized my son/daughter to be administered the following medications: (check all that apply)

**Advil** \_\_\_ **Tylenol** \_\_\_ **Tums** \_\_\_ **Claritin** \_\_\_ **Benadryl** \_\_\_ **Triple Antibiotic Cream** \_\_\_ **Eye Wash** \_\_\_

I have authorized my student to be administered the following prescription medication(s); (must be in original labeled container): \_\_\_\_\_

Written authorization must be on file with the Nurses Office for your student to take any medication.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Additional emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# STUDENT BEHAVIOR CONTRACT

To ensure that this program is a positive experience for all involved, I understand and agree to the following while I am participating in this travel experience:

1. During this trip, I realize that I am a representative of the school. At all times, I will observe all school rules.
2. I will cooperate and abide by the rules/guidelines of chaperones, host families, groups, and designated agencies.
3. I will satisfactorily complete all study, writing, or work assignments associated with this program.
4. I understand that possession and/or use of alcoholic beverages, illegal drugs, or tobacco is forbidden.
5. I will dress appropriately for all activities.
6. I will make restitution for any incurred damage to property or persons, at school or in the home, accidental or otherwise.
7. I understand that I will not be in any hotel room with a member(s) of the opposite sex for overnight trips. Inappropriate behavior of a sexual nature is also grounds to be sent home at parents/guardian's expense.

**If I fail to comply with the items listed above, the trip organizer will notify my parents, and I will be at risk of being sent home immediately and unaccompanied at my parent's/my own expense.**

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**Student Name**

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**Date**

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**Student Signature**

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**Parent Name**

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**Date**

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**Parent Signature**

# FIELD TRIP MEDICAL LETTER

Dear Parent/Guardian:

The FIELD TRIP AUTHORIZATION AND RELEASE FORM FOR PARENTS must be filled out to indicate the following:

- List all medical issues for your student.
- List the medication(s) your student needs to have during the field trip. (i.e., EpiPen, inhaler, vitamins, or prescription medications).

For students with specific medication needs on the field trip:

- Medication must be delivered to the JSerra Nurse's Office by the parent/guardian (failure to do so will result in the student not being able to attend)
  - **THREE DAYS before leaving for domestic trips**
  - **ONE WEEK prior for international travel**
- A Parent/Guardian and Physician Request for Medication Administration form must be filled out and signed by the appropriate parties. This form can be found at [www.jserra.org/parents-students/nurse](http://www.jserra.org/parents-students/nurse).
  - These will be kept on file at the Nurse's Office for the academic school year. The requests to administer medications include those needing to carry an inhaler or EpiPen.
- All medication is to be in its ORIGINAL PHARMACY-LABELED CONTAINER.
  - The Nurse's Office will not accept medication that comes in a home pill dispenser, mixed with other medicines, or in baggies.
- Students should keep EpiPen's and inhalers with them at all times, but we recommend another one for the Nurse's Office.

Please be advised that:

- All medication (prescription or over-the-counter) will be kept with and administered by a designated JSerra school staff member.
- The student must know that it is their responsibility to go to the leader for medication administration.
- This is **not a nut-free or food intolerant/allergy-free environment**. It is the student's responsibility to avoid the wrong foods.
- Students should inform the field trip/retreat leader if they have dietary needs no later than one week before the trip.
- Students need to stay home if they have an active illness with a 99.6 fever or higher fever. Students need to be fever-free for 24 hours without the use of fever-reducing medications.

If you have any questions or concerns, please call at (949) 493-9028, FAX (949) 493-2763, or send an email to [nurse@jserra.org](mailto:nurse@jserra.org).





# JSERRA CATHOLIC HIGH SCHOOL

FAITH. INTELLECT. CHARACTER.

## ***PARENT/GUARDIAN AND PHYSICIAN REQUEST FOR MEDICATION ADMINISTRATION***

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

### **PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION PRESCRIPTION AND NONPRESCRIPTION**

California Education Code Section, 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain or improve his/her potential for education and learning.

I request that medication be administered to my child \_\_\_\_\_, in accordance with our physician's written instructions. I understand that designated school personnel will administer the medication. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

**\*PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Emergency medicine such as Epi-pen or inhalers may be carried by the student when authorized by a physician and the parent. A second Epi-pen or inhaler should be kept at school for emergency use.**

### **PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION**

Diagnosis/reason for Medication: \_\_\_\_\_

\*Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

If PRN: Amount of time between doses \_\_\_\_\_ Maximum number of doses \_\_\_\_\_ per day.

Possible reactions: (possible serious reactions with this medication i.e., allergic reactions, localized/general, etc.)  
\_\_\_\_\_

Instructions for emergency care: \_\_\_\_\_

The above medication will be scheduled for school hours, day and overnight field trips. This medication may be administered by school personnel.

**\*PHYSICIAN'S PRINTED NAME:** \_\_\_\_\_ \*

**\*PHYSICIAN'S SIGNATURE:** \_\_\_\_\_

\*Date of request: \_\_\_\_\_

\*Date to discontinue medication: \_\_\_\_\_

*Office Stamp*

**EMERGENCY MEDICATION SUCH AS INHALER/EPI-PEN MAY BE CARRIED BY STUDENT:** \_\_\_\_\_

Physician's initials

**FAX: (949)493-9308 or send it by email: nurse@jserra.org**