

2011 Washington, D.C. Trip Permission Slip April 27-May 1, 2011

Please type or print the information requested below. Answer ALL questions even if the answer is no or none.

Complete one form for each child or adult that will be going on the trip.

Name of Student _____ Grade _____ Sex _____

Date of birth _____ Student Cell Phone: _____

Parent/Guardian Names _____ EMail: _____

Home Address _____ Town _____ Telephone _____ Cell _____

Health Insurance Company _____ Policy Number _____

In case of emergency notify: Primary Contact _____ Home No. _____

Work No. _____ Cell No. _____ Secondary Contact _____

Home No. _____ Work No. _____ Cell No. _____

Primary Care Physician: (PCP) Name, Address, Hospital _____

PCP Phone: Office _____ Cell (If available) _____

Dentist: Name, Address _____ Office No. _____

Allergies (Please offer explanation): Is Child prescribed an EPI-PEN? /YES /NO Is Child authorized to carry and self-administer Epi-Pen? YES NO Is child authorized to carry and self-administer inhaler? YES NO

Animal _____

Food _____

Insect stings, bites. _____

Drugs, Medication _____

Other- Latex, Environmental, etc. _____

Does your child have a history of any of the following? If not, enter the word NONE

/Asthma /Bronchitis /Respiratory Illness /Convulsions/Seizures /Dizziness /Fainting Spells /Diabetes

/Hyperactivity /Motion Sickness /Kidney/Bladder Problems /Stomach/Intestinal Problem /Sunstroke/Sunburn /Heart

Problems /High Blood Pressure /Abnormal Heart Rat /Hepatitis /Eating Disorders /Depression

/Pneumo-Thorax /Other (Please Specify Below)

Do you authorize dispensing of the following Over the Counter Medications?

/Aspirin /Tylenol /Ibuprofen (Advil/Motrin) /Benadryl /Sudafed /Imodium AD /Pepto-Bismol

Other _____

Can your child swim? /Yes /No

Are they allowed to swim in a public pool? /Yes /No

Does your child have a current condition for which treatment or medication is required? If so, please complete Physician's Request for Administration of Medicine. The form is available from your child's chaperone or Trip Coordinator.

PRINTED NAME OF PARENT//GUARDIAN _____

SIGNATURE _____ **DATE** _____

*Timberlane Regional High School Music Department
2011 Washington, D.C. Trip
Consent Release & Indemnification Agreement*

STUDENT'S NAME _____

PARENT/GUARDIAN NAME(S) _____

We, the natural or adoptive parent, or legal guardians of _____,

A MINOR CHILD, in consideration of said child being permitted to participate in a music department trip to Washington D.C beginning April 27, 2011 and ending May 1, 2011, organized by the Music Department of the Timberlane Regional High School District, hereby agree as follows:

1. We and said child have been provided and understand the schedule, itinerary and rules for said trip.
2. We jointly and severally constitute and appoint the directors and chaperones of said trip as our true and lawful Attorneys, for us, and in our names to act specially as our Attorneys to consent to such assistance, treatment, operations or medical procedures as any of my said Attorneys, in their sole discretion may deem advisable or necessary for the benefit of said child when, in their sole discretion, the exigencies of the situation render it impossible or inadvisable to seek our prior consent to same, and to execute whatever documents may be required relative to same, as fully and effectually as we could do if personally present, and we ratify and confirm whatsoever my said Attorneys shall lawfully do or cause to be done by virtue hereof, and hold harmless them of anyone relying upon such acts and agree to assume full responsibility and liability for the payment of any expenses and charges resulting from same.
3. If said child violates any of said rules relating to drug or alcohol use or possession, or flagrantly violates any of said other rules, he/she will not be allowed to participate or to continue to participate in any further trip activities, will be required to return to Timberlane Regional High School, Plaistow, New, Hampshire at our expense, and will forfeit the balance of any payment made for said trip.
4. We understand that said child and his/her activities may not be supervised during a portion of said trip, and release, discharge, indemnify and hold harmless said School and School District, it's agents, servants, and employees from all claims, demands, rights and causes of action of whatsoever kind of or nature, arising from or by reason of any and all foreseen and unforeseen bodily injuries, damage to property, or the consequences thereof, which may be sustained or caused by said child on account of said lack of supervision or the failure of said child to adhere to said schedule and rules.

STUDENT _____

DATE _____

PARENT/LEGAL GUARDIAN _____

DATE _____

Date Notary Commission Expires _____

NOTARIZED