

BLOOMINGTON PUBLIC SCHOOLS #271

Field Trip Permission/Health Form

(Includes- field trips that take place outside of school day, in-state or out-of-state)

Student's Last Name _____ First Name _____ Birthdate _____
 Address _____ Home Phone(____) _____
 Event/Field Trip _____
 Trip Date(s) _____ Location _____

Emergency Phone Numbers

Parent or Guardian _____ Phone (____) _____
 Parent or Guardian _____ Phone (____) _____

Emergency Contact (in case-parent/guardian is not available) *Must be provided*

Name _____ Phone (____) _____ Relation _____
 Student's Physician _____ Phone (____) _____
 Student's Dentist _____ Phone (____) _____

Parent(s)/Guardian will assume the full cost of any medical or hospital expenses incurred.
 Medical payment coverage and reimbursement for said child is as follows:

Health Insurance _____
 Address _____ Phone _____
 Policy Number _____
 ID Number _____

Important Health Information

1. Do you know of any health factors that limit or exclude your child from participating in the physical activities for this event/field trip? If unsure of the range of physical activities, please consult your child's teacher. Yes ___ No ___

If yes, please explain: _____

2. Has your child had any serious illnesses, operations, hospitalizations or serious accidents during the past year? Yes ___ No ___

If yes, please explain: _____

3. Date of last tetanus shot _____

4. Does your child have any allergies or special health problems? Yes ___ No ___

If yes, please explain: _____

5. Does your child have an individual health plan or emergency plan in place during the school day? Yes ___ No ___ (If yes, the teacher should contact the health service office before the trip.)

6. Is your child receiving any medication either at home and/or at school?

Yes ___ No ___ If yes, please explain: _____

Authorization to Administer Medication

(Note: refer to District's procedure for administration of medication)

- ***If the student is currently authorized to take or be administered the below-listed medications during the school day, this section may be filled out by the parent/guardian and does not need to be completed by a physician.***
- ***If the student is not currently authorized to take or be administered the below-listed medications during the school day, a physician must complete the section below for all prescription and over-the-counter medications.***

Name of Medication	Administration Directions/Time to be given
_____	_____
_____	_____
_____	_____

Possible side effects from above medications _____

It is acceptable for the student to carry their own medication and administer it to themselves.
Yes: _____ No: _____

Physician's Signature _____ Date _____
Address _____ Phone () _____

I/(We) the undersigned parent(s)/guardian of _____ grant and assign staff member of BPS #271 the authority and consent to sign medical emergency release documents both for doctors and hospitals on behalf of our child, and grant and assign to them permission and consent for emergency medical treatment, operation, administration of anesthesia, blood transfusion, or urgent medical treatment of any illness or injury that any qualified medical practitioner may deem necessary for our child's welfare in the event the parent(s)/guardian cannot be contacted. I/We also guarantee payment of all charges incurred during the course of said medical treatment.

I/(We) request and authorize my child to be responsible to self-administer medication during this event; thereby, releasing school personnel and chaperones from liability should inappropriate usage and/or restrictions result from the medications. Yes ___ No ___

I/(We) further understand that staff members and/or chaperones will notify the parent(s)/guardian of any medical treatment as soon as possible. (For out-of-state travel, the signature of all parties having legal custody of the student is required.

Signature of parent(s)/guardian _____ Date _____

Signature of parent(s)/guardian _____ Date _____

Staff /Resources/Documents/Field Trips

Permission to Participate and Liability Release For Field Trip or Out of State/Foreign Travel
It is the school's responsibility to collect signed liability releases from each child attending a field trip. If the field trip is an overnight, the school will need to have releases signed by the adult participant.

Event/FieldTrip _____

Dates _____ Location _____

Participant Name: _____

Please check one: As parent/guardian of the above named child As a participating adult

Special Accommodations Needed:

I give my permission for the above named participant to participate in the
_____ field trip at _____ on _____.

I acknowledge and am aware that this field trip may involve certain risks which I am prepared to accept and not hold Bloomington Public School District #271 and their staff liable.

- I understand and agree to abide by the school rules and the laws of the community, state, and country.
- Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program. In the event of an emergency, I authorize treatment by emergency medical personnel.
- I understand that the School Board does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier. If we do not have family coverage, I will assume responsibility for any medical bills associated with this field trip.
- I understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip. I also understand that I will be responsible for paying all expenses related to sending the student home for trips for disciplinary reasons or illness.
- I hereby release and waive and further agree to indemnify, hold harmless or reimburse the School Board, the individual members, agents, employees, volunteers and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian or Participating Adult

(For out of state travel, the District requires the signature of all parties having legal custody).

Signature _____ Signature _____

Date _____ Date _____

Name _____ Name _____

Address _____ Address _____