WEST SHORE SCHOOL DISTRICT
Music Boosters Consent and Authorization Form

I _____Parent/Guardian, hereby grant my child: _____

DOB: _____

Permission to go on the trip to: _____

With: _____ (Organization)

By: Rented Vehicles.

[ ] I agree that my child shall abide by all District policies and school rules as outlined in the student handbook.

Emergency Contact Information:

Primary Contact Name:_____ Phone Number(s): _____
Relationship: _____

Secondary Contact Name: _____ Phone Number(s):_____
Relationship: _____

Child's Physician: _____ Phone Number(s):_____

Health Insurance: _____ ID#:_____

Medical Conditions:_____
(Current/past surgical history)

Allergies:_____ Type of Reaction:_____
(Including food and medications)

Special Medical Concerns:_____

Insurance Information:

[ ] I agree to provide a copy (front and back) of my Insurance Card that covers my child when submitting this form.

Emergency Authorization:

[ ] In the event of an emergency where my child becomes ill or injured while attending or traveling to/from the Richmond, if neither parent can be reached, and/or after reasonable investigation the District, or any of its representatives, trip chaperones, or Designated Adults, determine that immediate medical evaluation is necessary, I hereby authorize (a) the District or any of its representatives, trip chaperones, or Designated Adults to transport my child to a hospital or physician and (b) the physician or hospital to whom my child is taken, to render

any care or medical or surgical treatment, which is deemed necessary under the circumstances in the opinion of such medical provider. I give consent to my child's medical information being shared with appropriate District personnel, trip chaperones, and Designated Adults as the need arises.

[ ] I consent to the District or any of its representatives, trip chaperones, and Designated Adults to provide basic first aid care to my child.

Medication:

[ ] My child has no medication needs during this trip. (Skip to bottom of Form.)

[ ] My child will NOT be administered any routine medication(s) on this trip.

[ ] My child has medication needs as identified below:

If your child requires medication and / or medical supplies on the trip, your child must bring these items with them, and a copy of the prescription inside a Ziploc baggie with the child's FULL name written in Sharpie. These items need to be turned over to the School Nurse or Designated Adult on the day we depart. Designated Adults and/ or the School Nurse will carry these medications in their personal item for travel. Any prescribed medication must be in a pharmacy-labeled prescription bottle. Please utilize the rest of this form to delineate how medications will be administered.

District Policy requires that any child who is required to take medication while participating in a field trip must have that medication administered by a licensed nurse, the child's parent, or a parent-designated adult. Please identify any medications your child requires during the trip, below:

Medications (including over-the-counter)	Dose & Time of Administration

Below, please designate any over-the-counter treatments that you consent to for administration to your child by a Designated Adult.

___ Tylenol
___ Ibuprofen
___ Imodium (anti-diarrheal)
___ Pepto Bismol
___ Benadryl
___ Maalox or Tums
___ Antiseptic Spray
___ Cortisone Cream
___ Aveeno Anti- Itch Lotion
___ Dramamine

[ ] My child has been District-approved for self-administration of the following medication: [ ] EpiPen [ ] Inhaler [ ] Insulin/Glucagon

Attached to this form is a Certification/Order from my child's physician authorizing self-administration of prescribed medication(s). The Certification/Order verifies that my child is capable of, and has been instructed in, the proper method of self-administration of the prescribed medication. I understand that my child shall be permitted to carry the prescribed medication at all times as long as my child does not endanger self or others. The prescribed medication shall be maintained in a clearly labeled original container noting the child's name, medication name, time, and special circumstances for self-administration and sent with the child on the trip.

[ ] I understand that students the District approves to self-administer the medication that is listed above (EpiPen, Inhaler, Insulin, Glucagon), assume full responsibility for appropriately securing the approved medication(s) and any improper use or distribution will result in disciplinary action. I will indemnify and hold harmless the District, its Board of Directors, employees, and agents, and the Designated Adults, against any claims arising out of self-administration pursuant to this Authorization.

[ ] I will accompany my child on this trip to administer necessary medication(s). ***No parents are able to enter students' rooms.***

[ ] I designate the following Designated Adults (Ben Rupp, Hope Rupp, Jenn Dillman, and/or Debbie Haar), who are non-school personnel and who have secured the necessary clearances, to accompany my child and administer necessary medication(s). I understand that I am required to provide any necessary supplies and training to the Designated Adults. I have completed the Medical Administration Delegation Form.

[ ] I am not comfortable with delegating medication administration to a Designated Adult. The District will need to arrange for my child to receive medication(s) administered by a School Nurse, to participate. I have provided a written order from the treating healthcare professional with prescriptive authority to support my request, in accordance with District Policy.

By signing below, I confirm that the information provided on this form is accurate and that I will indemnify and hold harmless the District and its representatives, trip chaperones, and the Designated Adults, against any claims arising out of this authorization. I agree to the consents identified above and to be legally bound hereby:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Note: Our children will create some wonderful memories on a trip to Richmond. During this time there will be District staff, chaperones, and Designated Adults available to assist students. There are strict guidelines on how medications and medical supplies are administered and transported. ***This form, insurance cards, and any required attachments need to be turned in prior to leaving March 8th.***