

**Sacopee Valley High School
Junior Class Trip to Quebec
Medical Information and Release Form**

Student name _____ Date of birth ____/____/____

Parent/guardian #1 name _____ Cell phone # _____

Other phone # _____

Parent/guardian #2 name _____ Cell phone # _____

Other phone # _____

Other telephone # where a parent/guardian may be reached during the trip

Emergency contact in the event that a parent/guardian cannot be reached during the trip:

Name _____ Relationship _____

Phone # _____

Student's pediatrician _____

Office telephone # _____

Health insurance company _____

Policy # _____ Group # _____

Student medical information (will be held strictly confidential):

1. Does your child take any prescription medications other than an oral contraceptive? (Check one) _____yes _____no

If yes, please list prescription name(s), dosage(s), and directions for use

2. Does your child have any allergies? _____yes _____no

If yes, please

explain _____

3. Are there any other medical conditions that we should be aware of? _____yes _____no

If yes, please

explain _____

Please turn over to sign and complete this release form.

Medical Authorization, Indemnification, and Release:

In the event that an illness or injury to my child occurs during the Sacopee Valley High School trip to Quebec City on March 14th to March 16th, 2019, I do hereby consent to whatever medical, surgical, anesthetic or dental diagnosis or treatment and hospital care considered necessary for my child in the judgment of the attending physician, surgeon, or dentist, and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my child's participation in this activity, I agree to waive all claims against MSAD #55 or Sacopee Valley High School, and to indemnify and hold the school, its officers, agents, and employees harmless from any and all liability or claims resulting from any bodily injury or illness, or death, or because of any property loss that may arise out of or in any way connected with the activity described above. This waiver shall not apply to any occurrence which may arise solely out of negligence of the district, its employees, or agents.

I further acknowledge that the district does not provide any type of insurance, including liability or medical coverage for students who participate in this trip. I also certify that to the best of my knowledge my child has no special health issues other than those listed above.

Signed _____ Date _____
(signature of parent/guardian)