



Acadia University Open House
Friday October 19th, 2012

Bus Transportation Permission slip:

Student Name: _____ **Grade:** _____

Address: _____

Home Phone #: _____

Date of trip: FRIDAY OCTOBER 19, 2012

Pickup location: Dartmouth Sportsplex (7:30am) and Bedford Place Mall (8:00am)

Destination: Fountain Learning Commons 26 Crowell Drive, Wolfville, NS

Purpose of Field Trip: ACADIA UNIVERSITY'S OPEN HOUSE

Return: DEPART AT 3:00PM FROM ACADIA CAMPUS

Method of Transportation: Charter Company: AMBASSATOURS

Chaperones: THERE WILL BE ACADIA PERSONEL ON THE BUS TO TRAVEL WITH STUDENTS TO/FROM WOLFVILLE.

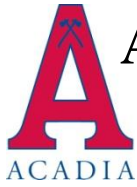
I, the undersigned, parent or legal guardian of the above-named student, request that he/she be allowed to participate in, and give my permission for his/her participation in, those activities described above and initialed by me. I hereby release and save harmless, and agree to defend Acadia University and indemnify Acadia University, and any and all of their employees, agents or successors from any and all liability for any and all harm arising to my child or any harm occasioned by my child as a result of my child's participation in the field trip, regardless of any act, omission or negligence on the part of Acadia University, its employees, agents or successors.

Permission is given for the student named above to travel by public or chartered transportation.

Parent/Legal Guardian signature: _____

Parent/Legal Guardian name (please print): _____

Contact number (in case of emergency): _____



Acadia University Open House

Friday October 19th , 2012

Medical Information & Waiver Form

(This form *must* be completed and handed in before students can board the bus)

Section I: Parent's Instructions on Medical Treatment

(Please use BLOCK LETTERS)

Participant's Name: _____ Date of Birth: _____
Parent's/Guardian's Name: _____ Relationship: _____
Complete Address: _____
Provincial/State Health Card Number: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Please indicate another person to contact if an accident occurs and we are unable to reach you)

Name: _____ Phone#: _____
Insurance Company: _____ Policy#: _____
Family Doctor: _____ Phone#: _____

Is your child currently on medication? _____ If yes, please list medication(s):

List any drug sensitivities: _____
Other allergies: _____

(Please read and sign under the option that you choose. **SIGN ONLY ONE**)

A: If my child needs medical attention, it is my wish that I am contacted *before* any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent's/Guardian's Signature: _____ Date: _____

B: If my child needs medical attention, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are necessary, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent's/Guardian's Signature: _____ Date: _____

Section II: Brief Medical History Questionnaire

(Please use BLOCK LETTERS & Please circle the correct response)

- YES NO 1. Are you allergic to any general medication (Aspirin, Tylenol, Penicillin, etc)? If yes, please indicate which one(s): _____
- YES NO 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If yes, please indicate the name of the medication and why it is prescribed: _____
- YES NO 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- YES NO 4. Have you ever been treated for diabetes? If yes, please indicate they type(s) of insulin or pills you use: _____
- YES NO 5. Has a medical doctor ever informed you that you were anemic or had sickle cell anemia?
- YES NO 6. Do you have or have you ever had high blood pressure? If yes, please list any medication for it that you take regularly: _____
- YES NO 7. Have you ever been informed by a medical doctor that you have asthma? If yes, what medications, if any, do you take regularly: _____

Section III: Waiver & Release Final Consent

(Please use BLOCK LETTERS)

I, _____, the undersigned (hereinafter called the Releasor) on behalf of myself and my child, hereby forever release, discharge and covenant not to sue Acadia University and its employees, volunteers and operators of premises (hereinafter called the Releasees) used to conduct Open House sanctioned events or activities from any and all liabilities, claims, demands, causes of actions or losses of any kind of nature, past, present or future, direct or consequential that my child may hereafter have for personal injury, disease contraction, permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses or damages to person or property or death arising out of my child's participation in, attendance at or traveling to and from any Open House sanctioned event including activity, but not limited to losses caused by the passive or active negligence of the releasees, or hidden, latent or obvious defects in the facilities or equipment used.

Releasor understands and acknowledges that Open House sanctioned activities may have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. Releasor expressly and voluntarily assumes all risk of their child's personal injury, disease contraction, permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses or damages to person or property or death arising out of my child's participation in, attendance at or traveling to and from any Open House sanctioned event including activity including, but not limited to losses caused by the passive or active negligence of the releasees, or hidden, latent or obvious defects in the facilities or equipment used.

Signature of Parent/Guardian: _____ Date: _____

The above signed, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

Signature of Participant: _____ Date: _____