



Parent Permission and Waiver, Medical Release, Emergency and Medical Information Form - Overnight

EVENT: JCL State Convention

LOCATION: Miramonte High School, Orinda

DATES: March 27-March 28, 2015

TRANSPORTATION: bus provided

CHAPERONES: Dobbie Vasquez, Peter Brodie, Allison Nguyen, Sara Hadsell

Student's Name _____ Birth date: _____ Grade: _____

Address _____ City _____ State _____ Zip _____

PERMISSION

My/our child has permission to participate in this overnight trip. I/we are aware of the activities involved and understand that they may entail conditions and risks different from those encountered on campus or in a day trip. I/we along with our child accept these conditions and risks.

MEDICAL EMERGENCY

Should a medical emergency arise, Menlo School will attempt to first contact the student's parent(s) or guardian. However, if that is not possible, I/we authorize Menlo School and its representatives to arrange and consent to emergency X-ray examination, anesthetic, medical and surgical diagnosis and treatment and hospital care for my/our child under supervision of and as deemed advisable by a physician; and to arrange and consent to X-ray examination, anesthetic, dental and oral surgical diagnosis and treatment for my/our child under the supervision of and as deemed advisable by a dentist.

MEDICAL INFORMATION

I/we hereby certify that the information entered in the Vital Health Record for my/our child on the Magnus Health System website is accurate, complete, and up to date. I/we understand that information from the Vital Health Record for my/our child may be used by Menlo School representatives and by health care providers, for example in a medical emergency, and that any inaccuracy or omission could result in harm to my/our child.

Parent initial here to confirm that the Vital Health Record is accurate, complete and current: _____

To update your child's medical information go to: www.magnushealth.com

WAIVER

I/we for myself/ourselves and on behalf of our child, waive and release Menlo School (including its trustees, administrators, faculty members, other employees, agents, and representatives) from any and all claims, causes of action, damages, and costs which I/we and/or my/our child have or may incur in the future arising from or relating to the overnight trip and related activities. This waiver and release encompasses any and all financial, physical and/or mental harm or damage which I/we and/or my/our child may suffer in the event of an accident or injury, including death, which may occur or be sustained as a result of or in connection with our child's participation in the overnight trip and/or related activities.

Signature of Parent or Guardian

Date:

Signature of Parent or Guardian

Date:

Signature of Participating Student

Date:

OVER THE COUNTER MEDICATION

Please circle over the counter medication that we may give your child:
Tylenol Advil Tums Imodium (anti-diarrhea) Dramamine (anti-motion)
Cough suppressant Sudafed (decongestant) Pepto-Bismol Benadryl (anti-histamine)

PRESCRIPTION MEDICATION FORM

Middle School

Middle School students are not allowed to carry medication of any kind on their person. The student is not responsible for transporting or dispensing his/her own prescription medications, transporting/dispensing of medications is done by the chaperone only.

Prescription medications can only be dispensed at the request of a parent or guardian. For safety, parents are asked to supply prescription medications or an over-the-counter medication that is not generally available on site to the School Nurse, in the original container, clearly labeled with the child's name and the prescribing physician's instructions such as dosage and time in which it is taken, one week in advance of trip departure. All medications are kept with the chaperone.

Package only the amount of medication that will be needed for the event.

Upper School

Upper School students will be responsible for transporting and dispensing his/her own prescription medication unless otherwise indicated and arranged in advance with the School Nurse.

Medications should be packaged in a pharmacy or manufacturer-labeled container and labeled with the student's name, the prescribing physician's name, the name of the medication, the dosage, and the time at which the medicine is to be taken.

Package only the amount of medication that will be needed for the event

Student's Name:

Physician's Name:

Phone: (____)

Medication	Symptoms Requiring Medication	Dosage	Frequency/Special Instructions

Side effects (reactions to food, other medications, etc.)

Other important information about medication: