

MEDICAL AND SPECIAL NEEDS INFORMATION FORM ~ EDUCATION STATIONS

Last Name:		First Name:
DOB:	School:	2017-2018 Grade:

Does your child currently have any chronic health conditions?

- No, my child does not currently have any chronic health conditions. I will give notice if this status changes.
- Yes, my child has chronic health conditions. I will provide information as required below.

If yes, list chronic health conditions (asthma, allergies, other medical/psychological diagnoses), health concerns, medications and/or special dietary requirements. Please explain severity/related needs in detail.

Parents of students who may require medication during programming must complete page 2 of this document, the Medication Administration Consent. A current prescription and doctor's orders of necessary medications must be provided for after school storage and use.

Pediatrician/Family Doctor's name:	Phone number(s) and contact information/instructions:

Does your child demonstrate any emotional/behavioral difficulties?

- No, my child does not currently demonstrate any emotional/behavioral difficulties
- Yes, my child demonstrates emotional/behavioral difficulties, which I will further explain below.

If Yes, please explain below how our staff may assist your child.

I agree to abide by the policies and procedures set out in the handbook, available at www.melroseschools.com

PRINTED Parent/Guardian

Name _____ SIGNATURE _____ Date _____

****REQUIRED FORM FOR ALL EDUCATION STATIONS STUDENTS****

WRITTEN PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION

Name of Student: _____ Date of Birth: _____

Name of Parent/Guardian: _____ Home Phone: _____

Address: _____

Alternate Phone Numbers: _____

Allergies: _____

I will be providing the after school program with the following medications for my child: _____

Other medications taken by your child on a regular basis: _____

I give permission for a trained staff member to administer the following:

Name of Medicine: _____ Dosage: _____ Time(s): _____

Name of Medicine: _____ Dosage: _____ Time(s): _____

Name of Medicine: _____ Dosage: _____ Time(s): _____

Please check boxes below if you give permission for the following:

- I give permission for my son/daughter to self-administer medication if a trained staff member determines it is safe and appropriate.
- I give permission for a trained staff member to share with appropriate personnel information relative to the prescribed medicine administration (e.g. adverse side effects) as s/he determines necessary for my son/daughter's health and safety

Any restrictions on release?

Please note: A current prescription and doctor's orders of the above medication(s) must be provided for after school storage and use. I understand that I may retrieve the medicine from the school at any time and that the medicine will be destroyed if it is not picked up by June 14th, 2018 at 6pm.

Date: _____
Signature(s) of Parent(s) or Guardian(s)

Relationship to Student: _____

REQUIRED FORM ONLY FOR CHILDREN WITH MEDICATION

1. FIELD TRIP PARENTAL CONSENT AND RELEASE FROM LIABILITY FORM

We/I, the undersigned parent(s)/guardian(s) of _____, a minor, do hereby consent to his/her participation in a voluntary field trips during Education Stations after-school and full-day enrichment programming and do forever RELEASE, acquit, discharge, and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents, including all field trip volunteers and chaperones, from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation on account of, or in any way growing out of, directly and indirectly, all known and unknown personal injuries or property damage that we/I may now or hereafter have as parent(s)/guardian(s) of said minor, and also all claims or right of action for damages that said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in Education Stations field trips.

Furthermore, we/I hereby agree to INDEMNIFY, hold harmless, protect, reimburse and make good to the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation arising from said minor's intentional, grossly negligent or reckless acts or omissions while participating in said field trip.

2. ACKNOWLEDGEMENT AND AGREEMENT

By signing below, we/I, the undersigned parent(s)/guardian(s) of _____, understand that during the entire trip, my son/daughter/ward will be bound by all applicable school rules and policies, including but not limited to hazing, drugs (other than prescription medications that are registered with and in the possession of a chaperone), alcohol, smoking, and the use of tobacco products of any kind as set forth in the student and parent handbooks. Additionally, we/I understand that my son/daughter/ward will be subject to discipline in accordance with the student and parent handbooks for any rule(s) that is violated during the field trip.

We/I, _____, parent(s)/guardian(s) of the above named student, understand that, if my son/daughter/ward violates any of the above rules, he/she may be returned early from the field trip at my expense. I also agree to take all steps necessary to assist the chaperones to pay for any damages caused by my son/daughter/ward, and if necessary, to arrange for his/her early return to Melrose, including by way of example but not limited to, authorizing the use of my credit card for the cost of transportation.

3. FIELD TRIP CANCELLATION RELEASE AGREEMENT

The School Committee reserves the right to cancel any school-sponsored field trip up to the time of departure and to recall any field trip in progress, whenever, in the Superintendent's judgment, a change in circumstances, whether man-made or natural, warrants such action in the interests of the safety of students and other participants or for any other appropriate reason.

- If a trip is cancelled, the Superintendent will endeavor to make the decision at the earliest date possible.*
- If a trip is cancelled, the school district will make an effort to obtain a refund of monies paid by students and parents/guardians; however, such refund is not guaranteed. Parents/guardians may lose all or any portion of the funds that they have expended in connection with the trip.*
- It is strongly suggested that all participants purchase comprehensive trip insurance as warranted.*

By signing below, we/I affirm that we/I have read the above Field Trip Cancellation Release Agreement and understand that the Superintendent has the right to cancel or to recall a school-sponsored field trip. We/I understand and acknowledge that, in the event of such action, we/I may lose all or any portion of the funds that we/I have expended in connection with the trip.

Furthermore, we/I agree to release and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, servants, and agents for any loss of funds or any other damages resulting from the cancellation or recall of any school-sponsored/Education Stations field trip.

Signature(s) of Parent(s) or Guardian(s) _____

Acknowledging having read and understood the document Date _____ Relationship _____