



# North Hills School District

## Overnight Student Field Trip Form



Student's Name: \_\_\_\_\_

Field Trip Dates: **Sunday-Friday, April 10-15, 2022**

Field Trip Title: **Music Department Performance Tour to Orlando, Florida**

This activity will take place away from your child's school; there are some special considerations and procedures which apply. We have outlined these below:

Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip and of any potential risks which will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

NHSD is not liable for injuries or any damages your child may incur. All NHSD school board policies apply while on the field trip. If your child fails to abide by District rules of conduct and teacher/sponsor/coach instructions during the trip, it may become necessary to discontinue his/her participation in the activity. In that case, you may be responsible for picking up your child immediately.

I hereby give my permission for my student to attend the above referenced field trip. I hereby release and hold harmless the NHSD, its Directors, Board Members, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in the above reference field trip.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Emergency/Consent

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

I confirm to the North Hills School District that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

My student has the following medical condition(s), which may require emergency care (include allergies):

Insurance information/group number/plan/phone number:

### COVID Declarations and Assurances (Initial each Declaration)

\_\_\_\_\_ I certify that my child has not been identified as a close contact with a person who tested positive for COVID in the past 5 days.

\_\_\_\_\_ I certify that my child is COVID free and currently has no COVID symptoms\*

\*The district has COVID tests available for your use

\_\_\_\_\_ I understand that it is my responsibility to ensure that my child is healthy and COVID free prior to departing

\_\_\_\_\_ I understand that in the event my child becomes ill and/or tests positive for COVID while on the trip, I am responsible personally and financially for following the COVID quarantine regulations and to provide supervision of my child if quarantined and to provide transportation for my child's safe return home.

#### Vaccination Status:

\_\_\_\_\_ Not Vaccinated

\_\_\_\_\_ Full Course (2 shot mRNA or 1 Shot J&J)

\_\_\_\_\_ Full Course + Booster

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contacts for Overnight Field Trip

Mother/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Mother/Guardian Cell # \_\_\_\_\_ Father/Guardian Cell # \_\_\_\_\_

**North Hills School District  
Overnight Student Trip  
Medication Form**

**Dear Parent/Guardian:**

Your child is participating in Music Department Tour to Florida on April 10-15, 2022. In order for your student to self-administer prescription medicine during the trip, or over the counter medication during this trip, this completed form and medication must be returned by the parent to the sponsor/coach.

- I am requesting medical personnel accompany my student on the trip due to medical need.
- My student is under the care of a physician for prescription medication but I am not requesting medical personnel accompany my student on the trip due to medical need .
- My student is not under the care of a physician for prescription medication.

All prescription medication must be in the **ORIGINAL, PHARMACEUTICAL** container. OTC medications must be in their original container. NO medication will be accepted in any other containers or without THIS signed form. NO hand written notes will be accepted. **Only the amount of medication needed for the length of time the student will be away from school, should be sent.**

The sponsor/coach will keep all medication in a sealed container. When student needs to take the medication, he/she will self-medicate under the supervision of the sponsor/coach.

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**LICENSED HEALTHCARE PROVIDER STATEMENT**

I am the licensed healthcare provider/physician for \_\_\_\_\_ and have  
Student

prescribed the following medication(s): \_\_\_\_\_  
in the amount/dosage and time of administration as prescribed.

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- The student is qualified and able to self-administer the prescribed medication.
  - The student is qualified and able to self-administer over the counter headache or pain medication.
  - The student has demonstrated proper knowledge and responsibility for taking the medication as prescribed.
  - The following side effects may occur: \_\_\_\_\_

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**Physician/Licensed Healthcare Provider Date**

**I give my consent for the medication prescribed by the physician to be self-administered by my child during the noted field trip. I release the North Hills School District and its personnel from any liability associated with the administration of this medication. I understand and agree that any medical information may be shared with appropriate school and medical personnel.**

**Parent/Guardian Signature Date** \_\_\_\_\_ -

For school year 20\_\_\_\_ to 20\_\_\_\_

NORTH HILLS SCHOOL DISTRICT

**Procedure for Administering Medication at School**

It is required by the North Hills School District that the attending physician complete this form for any medication to be given during school hours. This form is only good for the school year in which it is signed. All medication must be sent to school in the original container bearing the medication name and, if prescription, the current dose.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medication and Dosage

\_\_\_\_\_  
Time to be administered

\_\_\_\_\_ to \_\_\_\_\_  
Duration of the medication course

\_\_\_\_\_  
Condition for which medication is prescribed

\_\_\_\_\_  
Possible side effects

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Physician's Fax Number

***I agree that the North Hills School District and their assigned personnel shall not be held responsible for any untoward effects of this medication.***

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Date

***Please return the signed form to your child's school nurse.***

**NORTH HILLS HIGH SCHOOL MUSIC PERFORMANCE TOUR 2022  
PARENTS AND STUDENT CONSENT AGREEMENT  
PART 1**

The undersigned student(s) and parent(s) hereby consent to the participation of:

(Name of Student) \_\_\_\_\_

in the North Hills High School Music Performance Tour to Orlando, Florida on April 10-15, 2022.

We understand that the chaperones are volunteering their time to assist the director in monitoring the students during the trip and that the director and chaperones cannot assume any responsibility for the behavior of individual students.

We hereby waive any claims against, and release, and forever discharge any liabilities of any and all director and chaperones for any damage or injury to the student or his or her property, which may occur during the trip, except for willful misconduct or recklessness.

We acknowledge and understand that our personal policies for liability and medical insurance shall be the primary insurance coverage.

We certify that the student has no known medical problems or allergies, is not taking any medications and has not been recently exposed to any communicable diseases except as described on the attached Student Medical Information Form. We understand that if a medical problem or condition arises, every reasonable attempt will be made to contact the parent(s) or other responsible adults designated.

We agree that the determination to send the student home due to a medical condition, if necessary, will be made by a director, one or more staff members, and a physician.

We, the parent(s), acknowledge our responsibility for any problem created by the student during the trip, including any disciplinary or other non-medical problem. In the event that a serious disciplinary or other non-medical problem exists, we consent to the administration's decision to send the student home by the quickest available means.

We further understand that if any Federal, State or local authorities should take the student into custody for any violation or alleged violation of Federal, State or local law or ordinance, it shall become the responsibility and obligation of the parent(s) to secure the student's release.

## **PARENTS AND STUDENT CONSENT AGREEMENT**

### **PART 2**

If the student must be sent home for any of the above reasons, we, the parent(s) agree to pay for airline tickets, and/or other special transportation costs, or to reimburse others for any such costs incurred on behalf of the student.

In the event of a medical emergency, we, the parent(s), acknowledge our financial responsibility for reimbursement of any expenses that may be incurred to provide care for the student.

If any emergency or problem of any kind arises concerning the student, every attempt will be made to reach the parents(s) or named responsible adult at the telephone numbers designated. If it is impossible to reach any parent(s), or responsible adult, we hereby consent and give authority to the chaperones and directors to take such action as is reasonably necessary under the circumstances. We do hereby release and forever discharge any and all chaperones and directors from any claims, liability, or causes of action whatsoever regarding any damages, suits, injury, demands whatsoever in law or in equity to the student or his or her property resulting from the acts or actions of chaperones and directors, except for willful misconduct or recklessness.

We, parent(s) and student, pledge that during the entire trip there will be no purchase, transportation or use of any tobacco products, intoxicating beverages, drugs or other hazardous, abusive or illegal substances or other illegal articles or property.

We understand that all school policies apply while on the trip.

Cellular telephones are permitted on the trip but will not be in use during our performances or performances that we may be attending.

We have signed our names hereto on (date) \_\_\_\_\_, intending to be legally bound.

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Student Signature

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Parent Signature

