

REQUIRED
OFMS WASHINGTON DC TRIP MEDICAL RELEASE FORM
(SECTIONS A & B MUST BOTH BE COMPLETED)

STUDENT: _____ PHONE #: _____

ADDRESS: _____ HOMEROOM #: _____

SECTION A - PARENT OR GUARDIAN APPROVAL FOR SCHOOL TRIP

I give my daughter/son permission to attend the Board of Education approved school trip to Washington, D.C. from Wednesday, April 8 - Friday, April 10, 2015. I further understand that the following activities associated with this trip are such that school staff cannot directly supervise my child during certain segments of the trip (i.e. George Washington Estate at Mount Vernon, National Mall, National Museum of the Marine Corps, Smithsonian Museums, Pentagon City Mall and Food Court, Reagan Food Court, and Hotel Room from 10:30 PM-8:00 AM). I understand that it may be necessary to share pertinent educational and/or medical information with staff and parent chaperones as it relates to the well-being of your child. In light of the above, I hereby give consent to my child's participation in the trip and in the unsupervised activities.

PARENT SIGNATURE _____ DATE: _____

SECTION B - EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

PART I OR PART II MUST BE COMPLETED
PART I - TO GRANT CONSENT FOR TREATMENT

In the event reasonable attempts to contact me at _____ (Phone #)

or other parent, _____ at _____ (Phone #) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a physician or dentist and/or the transfer of my child to any hospital that is reasonably accessible both to, from and in Washington DC.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken, and physical impairments to which a physician should be outlined below:

PARENT SIGNATURE: _____ DATE _____

PART II - REFUSAL TO CONSENT FOR TREATMENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want the school authorities to TAKE NO ACTION or to follow this procedure:

PARENT SIGNATURE: _____ DATE _____

****PLEASE COMPLETE SECTION C ON REVERSE SIDE****

REQUIRED
SECTION C - PARENTAL RESPONSIBILITY

I understand I am solely responsible for my child's transportation home, and/or any cost of such transportation home, in the event he/she engages in behavior that could result in possible suspension/expulsion as written in the Olmsted Falls Middle School Handbook. Such offenses include, but are not limited to:

- Destruction of property
- Gross insubordination to any adult
- Harassment of another individual
- Not adhering to any expected behaviors of an Olmsted Falls Middle School Student as described in the Student Handbook.

We ask that you speak to your child regarding this policy and sign below that you will accept responsibility for his/her behavior by adhering to the removal request should it be deemed necessary.

Parent Signature

Student Signature

Date

Please Note: This section must be signed along with the appropriate signatures on the front in Section A and B (Part I OR Part II). Failure to sign any section will exclude your child from participating in the Washington DC trip.

OPTIONAL
SECTION D - PERMISSION TO GIVE TYLENOL (ACETAMINOPHEN)

In case your child needs Tylenol (Acetaminophen) but did not bring it from home, the school will provide, *for this field trip only*, Tylenol in pill form (no liquids available). **Please circle YES or NO below.**

I give permission for my child, _____, to take Tylenol (according to bottle directions) for a headache, abnormal temperature, and/or minor discomforts.

YES NO

Comments:

Parent/Guardian Signature _____
(REQUIRED -- Will not be given without signature)

All other medication requires completion of School Medical Form (See Pink Sheet).
ANY NON-PRESCRIPTION DRUG REQUIRES ONLY A PARENT SIGNATURE.
ANY PRESCRIPTION DRUG REQUIRES BOTH PARENT & DOCTOR SIGNATURE.

REQUIRED

SECTION E: WASHINGTON DC CELL PHONE USE AGREEMENT

| | | |
|-----------------|------------------|------------------------|
| Student's Name: | | Student's Cell Number: |
| Team: | Homeroom Number: | Parent's Name: |

We understand the following cell phone use guidelines and further understand what the consequences will be if my child does not follow the guidelines as outlined:

1. This form must be completed with all requested information as outlined above and below and must be returned to Mr. Kurz by Friday, February 6, 2015.
2. My child will not use his/her cell phone while any adult is presenting/addressing him/her while in a group setting or individually while on this trip.
3. My child will not use (text, call, message, game, access the Internet, and any other such related actions) his/her cell phone in any manner which brings intended or unintended harm on another student in our group or with any other student or group while we are on this trip.
4. My child understands that if his/her cell phone is taken by an adult on the trip that he/she will not receive their cell phone back until they serve a two hour Saturday Detention from 8:00-10:00 AM on Saturday, April 18, 2015. The Saturday Detention will cause the student to earn 3 points towards the trip to Cedar Point. At 5 points, the student would lose the trip to Cedar Point.
5. We understand that if my child takes his/her cell phone on this trip without returning this **SECTION E: WASHINGTON DC CELL PHONE USE AGREEMENT** form, he/she will lose the trip to Cedar Point, which will be held on Friday, May 29, 2015.
6. We understand that Olmsted Falls Middle School or any other adult associated with this trip are not responsible for any loss, damage, or theft of my child's cell phone.
7. We understand that my child is responsible for the care of his/her cell phone.
8. We understand that use of a cell phone in an inappropriate manner as it relates to our Board adopted Student Code of Conduct may also result in additional discipline, up to and including, Office Detention, Saturday Detention, Out of School Suspension, and Expulsion from School.

Parent Signature: _____

Student Signature: _____

Date: _____

Please check one box below as this form is incomplete and invalid if not filled out completely.

My child **WILL** be bringing his/her cell phone on the trip to Washington DC.

My child **WILL NOT** be bringing his/her cell phone on the trip to Washington DC.

These forms must be returned with final payment by Friday, February 6, 2015