

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating, developing, and inspiring our students for lifelong success*

Series Number 604.7.2.4.1P Adopted March 1982 Revised January 2024

Title Overnight Field Trip – Student Medical Treatment Information and Permission

**Staff:** Complete this section and attach additional field trip details as necessary

**Details and dates of overnight field trip:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this box is checked, the field trip location/facility requires the completion of a separate **consent or waiver form** which must be returned with this form.

**Parent/Guardian:** Return completed form to your child's teacher by: \_\_\_\_\_  
*The information is required for trip participation. Failure to provide the requested information may result in the loss of eligibility to participate. The information will be shared with school staff and officials administering the trip and will be used, as necessary, to respond to your child's needs.*

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Student address (street, city, zip code) \_\_\_\_\_

Parent or guardian name \_\_\_\_\_ Email address \_\_\_\_\_

Parent or guardian telephone number(s) with area code (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name and telephone numbers of neighbor or relative \_\_\_\_\_

Insurance provider \_\_\_\_\_ Policy number \_\_\_\_\_ Group number \_\_\_\_\_

**Medical Information**

- Yes     No    Does your child have **any** known allergies? If yes, what? \_\_\_\_\_  
 Yes     No    Does your child have an EpiPen? \_\_\_\_\_  
 Yes     No    Does your child take medication? Please list: \_\_\_\_\_

Medication name \_\_\_\_\_ Dose \_\_\_\_\_ Time Taken \_\_\_\_\_ Reason \_\_\_\_\_

Medication name \_\_\_\_\_ Dose \_\_\_\_\_ Time Taken \_\_\_\_\_ Reason \_\_\_\_\_

**\*\*\*Please remember to send all required medication in original container\*\*\***

- Yes     No    Does your child have any physical factors, surgeries (within the last year) or other health concerns that might affect your child's activity or would be necessary for a physician to know when caring for your child? Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Treatment Authorization** *(In case of illness, injury or an emergency, it might be necessary to treat or seek care for your child before staff can contact you.)* By signing below, I (student's parent/guardian or adult student age 18 or older\*) agree that Independent School District 196 (District 196) shall have full authority to take action it deems necessary to safeguard the health, safety and well-being of my student during the field trip. Such authority shall include authorization to, when necessary:

- Administer treatment, first aid and medications, including those identified above,
- Secure medical treatment (including surgery) from local medical personnel and medical institutions, and/or
- Send my student home for treatment.

I confirm that, to the best of my knowledge, my student is physically and mentally able to participate in the field trip and its activities. Additionally, before my student can participate in the field trip, I understand I may be required to supply additional medical information.

### **Waiver of Claims**

I understand and am aware that this field trip involves a risk of injury or illness to my student, including but not limited to the risk of contracting COVID-19 and/or being quarantined before, during or after the trip. I freely and voluntarily assume and accept this risk for myself and on behalf of my student. By signing below and in consideration of District 196 allowing my student to take part in this activity, I agree for myself and on behalf of my student to waive all liability against the District 196, its employees and volunteers with respect to any and all injury, disability, death, inconvenience, expense or damage to person or property that occurs as a result of my student's participation in the field trip. This Waiver releases claims based on ordinary negligence, but does NOT release claims based upon gross negligence or willful or wanton misconduct.

### **Expectations, Guidelines and Termination of Participation**

I have read and reviewed the attached "Overnight Field Trip Expectations and Guidelines" and have discussed them with my student. I understand that student is expected to comply with District 196 behavior expectations, program standards and all local laws, and that student may be prohibited from attending the trip, sent home during the trip and/or subject to District 196 consequences for failure to do so.

I agree to cover all resultant expenses and acknowledge that no refunds will be granted if my student is returned home or is precluded from attending the trip for misconduct.

### **Alteration of Program or Cancellation by District 196**

I acknowledge that District 196 reserves the right to alter the itinerary and to adjust costs and cancellation fees to reflect changes of any sort beyond the control of District 196, such as any changes in travel costs, pandemic related matters, etc. I understand District 196 also reserves the right to cancel the trip due to insufficient participation or due to other circumstances beyond its control, including, but not limited to, circumstances related to the COVID-19 pandemic. I acknowledge that any applicable cancellation fees for such circumstances will be in effect and that refunds may not be available in the event of cancellation, I understand that it is my sole responsibility to insure against the risk of loss, including the risk of trip cancellation and I will not hold the school district responsible for any financial loss associated with trip cancellation.

**Failure to Pay or Complete/Obtain Necessary Paperwork**

I understand that I am responsible for paying necessary costs/fees for this trip and may be required to complete additional paperwork before my student participates in the trip. I agree that District 196 may terminate my student’s participation in the field trip for failure to make any required payments on time or to complete required paperwork on schedule. In such cases, cancellation fees remain in effect and refunds may not be available.

I understand it is my responsibility to request and acquire any necessary proof of vaccination or any other documents required for my student to visit and return from the destination. I acknowledge that no refunds will be made for the failure to acquire proper travel documents.

**Permission**

By signing this form, I acknowledge that I have read and agree to the above terms and give permission for my student to attend and participate in the field trip. I understand that I am under no obligation to give permission for my student to attend the field trip and, if I choose not to give permission, my student will be expected to attend school on the day(s) of the field trip.

**Name of parent/guardian name/adult student (print):** \_\_\_\_\_

**Signature of parent/guardian/adult student:** \_\_\_\_\_

*\*All references to “my student” shall be understood to mean “me” or “I” with respect to an adult student signing this form.*