URBAN SCHOOL TRIP PERMISSION AND AGREEMENT FORM

TRIP TO: ____ **DATE(S):** ____________________________

STUDENT NAME: ____

Field Trip and Emergency Medical Care Permission
In a medical emergency concerning my child/ward named above, I understand that every effort will be made to reach me for instruction. If, in the judgment of the trip leader or medical professional, delay in reaching me might jeopardize the child's well-being, I hereby authorize the trip leader or other URBAN representative to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery. EXCEPT AS NOTED BELOW, this child is in good health and may participate without restrictions in the above noted trip. Their immunizations are current.

FOOD, DRUG, INSECT OR OTHER SERIOUS ALLERGIES OR HISTORY OF ANAPHYLAXIS:

SIGNIFICANT ILLNESS, INJURIES OR OPERATIONS EXPERIENCED IN PAST YEAR:

OTHER HEALTH CONDITIONS: (DIABETES, ASTHMA, BED WETTING, MENTAL HEALTH ISSUES, SLEEP WALKING, SEIZURES, ETC.)

LIST ANY FOOD PREFERENCES OR DIETARY RESTRICTIONS:

Date of Last Tetanus (or DPT) Inoculation (mo/yr): ____

Please check whichever of the following apply:

❑ My child will not be bringing medication on this trip.

❑ My student will be bringing one or more of the following medications: prescription pain medication, learning disorder medication, or medication prescribed for psychological conditions. I understand that they may not self-administer these medications and I have filled out the PERMISSION FOR ADMINISTERING MEDICATION FORM below.

❑ My student will be bringing other medications for self-administration that are not in the above categories (no medication form required.)

Phone number where I can be reached during this trip: _____________________________________

If I cannot be reached, please contact my designated alternate:

Name: ____________________________________ Phone number: ______________________________

My child has permission to participate in the trip described above. The medical information I have provided above is true and complete to the best of my knowledge.

____
Parent/Guardian Signature Date

Urban School of San Francisco
1563 Page Street
San Francisco, CA 94117

(415) 626 2919
info@urbanschool.org
www.urbanschool.org

(Please complete other side of form) Oct 2018

Agreement of Behavior and Health Expectations

Standards of student behavior at URBAN are based on respect and responsibility and are thoroughly outlined in the student handbook. On all trips, students are expected to observe all URBAN rules as well as any rules that the trip leaders deem necessary for ensuring trip participants' safety. If students violate school or trip rules, there will be consequences which could include immediate expulsion from the trip, ineligibility for future URBAN trips, and/or notification sent to future schools. Also, in order to maintain appropriate supervision for the entire group, students must be able to fully participate in the trip. If a student is unable to participate in the trip for more than 48 hours due to illness or injury, URBAN may require the student to leave the trip.

I agree that ____________________________________, (my child/ward) is responsible for following all the rules and expectations for the trip described above. I understand that if the trip leader determines that my child/ward has broken the rules of behavior and safety so that they merit being sent home from the trip, or if the trip leader communicates that my child/ward is too ill or injured to participate in the activities of the trip, I (or a responsible person designated by me) will retrieve my child and I will assume responsibility for all costs incurred. I understand that once I (or my designated representative) take responsibility for my child that they will no longer be considered a participant in the URBAN trip and that URBAN will no longer be responsible for their safekeeping.

____

Parent or Legal Guardian's Signature Date

I agree to adhere to the URBAN rules and the expectations for the trip described above and understand the terms of dismissal.

____

Student Signature Date

MEDICATION CONSENT FORM
URBAN SCHOOL OF SAN FRANCISCO

TRIP TO: ______________________________ **DATE(S):** ______________________

STUDENT NAME: ____

NAME OF MEDICATION: ____

Prescription Non-Prescription

DOSAGE: ____

DATE(S) MEDICATION TO BE GIVEN: ___________________________________

TIME(S) MEDICATION TO BE GIVEN: ____________________________________

REASON FOR MEDICATION: ____

POSSIBLE SIDE EFFECTS: ____

NAME/PHONE NUMBER OF PRESCRIBING PHYSICIAN: ______________________

____

DIRECTION FOR STORAGE: ____

I, ___________________________________, (parent/guardian) give permission to authorized staff members to administer medication to my child as indicated above.

____
Parent or Legal Guardian's Signature Date