



EASTSIDE CATHOLIC

Eastside Catholic School Overnight Field Trip Medical Form 2023 Sixth Grade NatureBridge at Olympic National Park Field Trip

The following information will help school personnel assist your child during an overnight field trip. Please provide complete information so that the Eastside Catholic personnel can be aware of your needs and contact you if necessary during this trip.

Name: _____ Birthdate: _____
Last First Middle Month/Day/Year

MEDICATIONS

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Please check one:

☐ This person takes NO medications on a routine basis. OR ☐ This person takes medications as follows:

Medication #1: _____

Dosage: _____

Time taken each day: _____

Reason for taking: _____

Medication #2: _____

Dosage: _____

Time taken each day: _____

Reason for taking: _____

☐ I am attaching ____ additional page(s) for more medications.

NOTE: If your child will take prescription medication during this field trip, you must complete the separate Eastside Catholic "Authorization for Administration of Medication" form before your child may attend the field trip (available from the Health Room or Ms. Siegers). You must provide enough medication to last the entire trip. The medication MUST be in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

MEDICAL HISTORY

Has or does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	12. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	13. Ever had problems with joints?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have or had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	18. Ever had emotional difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	19. Use an inhaler for asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have an allergy to bee stings?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have a prescription for an Epi-Pen?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have food allergies or restrictions?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers, noting the number of the questions: _____

ADDITIONAL INFORMATION

Explain any additional information about the participant's behavior and physical, emotional, or mental health about which Eastside Catholic teachers should be aware: _____

MEDICAL CONSENT

The student's medical conditions stated on this form and on the NatureBridge registration form, which is incorporated herein by reference, are complete and correct. I hereby give permission to Eastside Catholic School personnel to administer First Aid and to arrange for medical care and treatment in the case of a medical emergency. I also give permission to the physician selected by Eastside Catholic School personnel to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this form shall be as valid and may be accepted as the original.

Date _____

Parent or Legal Guardian's Signature _____



EASTSIDE CATHOLIC

Eastside Catholic School Olympic Park Institute Field Trip Consent, Assumption of Risk, Release and Waiver of Claims, and Indemnification

The purpose of this Agreement is to enable parents and participants (referred to herein as "students") to give informed consent for a student to participate in the **NatureBridge at Olympic National Park Field Trip** with Eastside Catholic School and to confirm the agreement of the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the student's participation in the **NatureBridge at Olympic National Park Field Trip**. The parents understand that their child will not be allowed to participate in the **NatureBridge at Olympic National Park Field Trip** unless this form has been signed and returned to the School prior to February 16, 2023.

RISKS: I have been informed of the nature of the field science program in which the student is enrolled. I agree and understand that there are risks associated with the student's participation in the program activities generally described in the attached information packet and transportation to and from the institute, which pose a threat of injury, illness, or loss of life. I understand that these risks include risks related to weather; acts of nature; acts of fellow participants; boating and activities in or around streams, rivers, or other bodies of water; animals; insects or spiders; plants; food; fire; exposure to the sun's rays; physical activities (including some which could be considered to be inherently dangerous); acts related to travel to and from the institute and related activities by motor vehicle; and other risks known or unknown. I, the undersigned, am familiar with outdoor sports and activities and the student's abilities, and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair, or increase the risks involved in the student's participation in the field science activities.

Student's first and last name: _____

Staff in charge: Keri Greenheck

Destination: NatureBridge at Olympic National Park, Port Angeles, WA

Dates: From Wednesday, April 19, 2023 7:30 AM

To: Friday, April 21, 2023 5 PM

Type of Transportation: Bus and ferry (scheduled departure and return times are approximate)

Parental Authorization

I/we understand that our student's participation in the **NatureBridge at Olympic National Park Field Trip** is not required by the school, that our student will not be penalized academically or in any other way if we choose not to have him or her participate in the **NatureBridge at Olympic National Park Field Trip**, and that an alternative activity will be provided for our student in the event that we decide not to have him or her participate in the **NatureBridge at Olympic National Park Field Trip**. Realizing that there are risks inherent in any field science program, and realizing that our and our student's decision to participate in the **NatureBridge at Olympic National Park Field Trip** is voluntary, I/we agree to assume all risks (whether known or unknown) of participation in Eastside Catholic's **NatureBridge at Olympic National Park Field Trip**, and to release and hold harmless Eastside Catholic School, together with its faculty, staff, employees, volunteers, trustees, and other agents (collectively, the Releasees) from any and all claims, liabilities, and damages relating to any injury, sickness, loss of life or destruction of property which may arise out of or result from or be in any way connected with the participation of our student in Eastside Catholic School's **NatureBridge at Olympic National Park Field Trip**, including transportation to and from Olympic Park Institute, other than claims, liabilities or damages based on the gross negligence of Eastside Catholic School or its employees. In addition, I/we agree to indemnify and hold the Releasees harmless from any and all claims for injuries or property damage brought on behalf of myself or my child or alleged to have been caused by me or by my child while my child is participating in Eastside Catholic School's **NatureBridge at Olympic National Park Field Trip** program.

I agree to direct our student to comply with all Eastside Catholic School and Olympic Park Institute rules and policies and to cooperate with institute and school personnel. I understand and agree that if my child fails to comply with the rules and policies, he or she may be sent home from the **NatureBridge at Olympic National Park Field Trip** at my, the parent's or legal guardian's, expense.

I HAVE READ THIS PERMISSION SLIP AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN THE **NatureBridge at Olympic National Park Field Trip** PROGRAM), ASSURANCE OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY THE RELEASEES, TO THE GREATEST EXTENT ALLOWED BY LAW.

Date _____

Parent or Legal Guardian's Signature _____