



# Co-Curricular Activities Trip Form

This form is inclusive of all co-curricular activities for overnight travel

## Medical & Contact Information 2020-2021

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardians' Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company & Policy Holder \_\_\_\_\_

Insurance Number \_\_\_\_\_

Medication/Dosage/Frequency: \_\_\_\_\_

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Medication/Dosage/Frequency: \_\_\_\_\_

*\*Does the student need reminders or need someone to disburse the medication? Yes / No*

*\*If YES, by signing below, you agree to a chaperone disbursing medication to your child.*

Date of last tetanus shot (if known): \_\_\_\_\_

Any allergies/reactions (including medications): \_\_\_\_\_

Past Medical Emergencies: \_\_\_\_\_

Major Surgeries: \_\_\_\_\_

Acute/chronic medical conditions: \_\_\_\_\_

Physical conditions that may limit activity: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Anything else we might need to know: \_\_\_\_\_

*If your student has minor medical problems such as headache, sore throat, colds, etc. while on trip do you wish over the counter medication be given to them? YES / NO*

**1st Person to contact in case of an emergency** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_

**STUDENT CONDUCT:** I acknowledge that this trip is an extension of the school day, and understand that if I choose to violate any of the directives of the school handbook, the NDHAA or exhibit bad personal attitude/conduct, I may be asked to return to Fargo at my own expense, along with the expense of a chaperone to accompany me.

**Student Signature & Date** \_\_\_\_\_

**PARENT RELEASE:** As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child listed, or our heirs, successors, and assigns, to hold harmless and defend JP II Catholic Schools, its directors, employees and chaperones, or representatives associated with the event/trip, and the Diocese of Fargo and its employees from any claims arising from or in connection with my child attending the event/trip or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate JP II Catholic Schools, its directors, employees and chaperones, or representatives associated with the event/trip, and the Diocese of Fargo and its employees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of JP II Catholic Schools.

**Parent Signature & Date** \_\_\_\_\_