



Shanley Co-Op Activities

Student Information Form

Contact & Medical 2022-2023

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 JPII 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 JPII 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 JPII Catholic Schools.

Parent Signature & Date _____