

NEWTON PUBLIC SCHOOLS

OVERNIGHT AND INTERNATIONAL FIELD TRIP MEDICAL INFORMATION FORM

Student's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Medical Insurance Policy: \_\_\_\_\_

Policy #: \_\_\_\_\_

Primary Subscriber of Medical/Health Policy: \_\_\_\_\_

Name of Student's Health Care Provider \_\_\_\_\_ Phone # \_\_\_\_\_

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If parent/guardian not available in emergency, please notify:

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

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**Health History**

Please list any and all chronic or recurring illnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all allergies, or drug sensitivity and instructions pertaining to their administration:

\_\_\_\_\_  
\_\_\_\_\_

Please list any and all activities from which your child is to be restricted:

\_\_\_\_\_  
\_\_\_\_\_

Please list all **MEDICATIONS**:

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**If medications need to be given by teacher/chaperone during the trip, parents/guardians are responsible for:**

- Providing the medication in a pharmacy or original container with clearly written directions for administration
- Explaining the proper procedure and time to deliver the medication
- Explaining the potential side effects of the medication

**Consent and Release**

I/ the undersigned parent/guardian, give permission to the field trip's teacher(s)/chaperone(s) to administer the above medication to my child or to supervise my child in taking the above medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

Parent/Guardian signature

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The superintendent reserves the right to cancel any field trip up until the time of departure.

*(Medical Form revised March 5, 2003)*

**NEWTON PUBLIC SCHOOLS**  
**DAY/EXTENDED LONG DISTANCE TRIP**  
**CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT**

Parent

I/We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby CONSENT to his/her participation in day or extended long distance field trip to Speech Tournaments (hereafter referred to as the "Field Trip") planned for Oct. - April, 2006 and sponsored by the Newton Public Schools. I/We RELEASE and discharge the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Field Trip. I/We also RELEASE and discharge Newton from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Field Trip. I/We furthermore agree to defend and INDEMNIFY Newton against any claim, damage, loss or expense of whatever kind or nature that Newton may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Field Trip.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

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Signature of Parent or Guardian	Date	Relationship
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Signature of Parent or Guardian	Date	Relationship
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**THIS FORM MAY NOT BE ALTERED**  
 Revised: 9/02

The superintendent reserves the right to cancel any field trip up until the time of departure.

NEWTON PUBLIC SCHOOLS

CONSENT FOR VOLUNTEER DRIVER  
FIELD TRIP TRANSPORTATION

AND

OFFER TO BE VOLUNTEER DRIVER or CHAPERONE

I/We, the undersigned parent(s) or guardian(s) of my child, \_\_\_\_\_, consent and agree that my child may be transported in a private automobile driven by a volunteer adult in connection with a day field trip to speech tournaments on Oct. - April, 2006. I understand that all drivers are volunteering and all passengers will have seat belts.

\_\_\_\_\_ I am available to be a volunteer driver for this field trip. My automobile has the following number of seats with seat belts for passengers \_\_\_\_\_.

\_\_\_\_\_ I cannot drive but would like to accompany this field trip as a chaperone.

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Signature of Parent or Guardian                      Date                      Relationship

THIS FORM MAY NOT BE ALTERED  
Revised: 6/02

The superintendent reserves the right to cancel any field trip up until the time of departure.