

**Moorestown Friends Class of 2011
Project Graduation
Medical Information & Authorization to Treat
No School Provided Medical Personnel**

Student Name _____
Parent Name _____
Address _____

Phone _____ (home) _____ (cell) _____ (work)

Emergency Contact:
Name _____ **Address** _____
Phone _____ (home) _____ (cell) _____ (work)

Health Information:
Chronic illness _____
Allergies _____
Describe the reaction _____

Usual Treatment _____
Existing medical problems _____
Dietary Restrictions _____
Medications _____

(provide details if student will be self-administering medications; students may only self-administer medications prescribed by a physician for life-threatening conditions. Since medical personnel will not accompany this trip neither the school nor the child may administer medication for other conditions. Please call the school nurse if you have questions)

Can your child have Tylenol, Pepto Bismol, or Benadryl as needed?

Tylenol – yes/no Pepto Bismol – yes/no Benadryl – yes/no

Date of Last Tetanus Shot _____

Other Helpful Information _____

Family Physician _____ **Phone** _____

Family Dentist _____ **Phone** _____

Health Insurance _____ **Policy Number** _____

Phone _____ **Policy Holder** _____

Social Security Number of Policy Holder _____

Medical Authorization

I give my son/daughter _____ permission to participate in the .

In the event that medical treatment and/or hospitalization and/or incidence of medical expenses of any description are required for my son/daughter for any cause, I hereby authorize and consent to all medical and surgical treatment and expenses deemed necessary by the attending physician.

I appoint the leader(s) of the Moorestown Friends School program as guardian(s) of the person of my son/daughter and authorize him/her to make all decisions *in loco parentis*, including re-confirming this medical authorization by signing any required medical authorization forms.

Parent Signature(s) _____

**Moorestown Friends School
Class of 2011 Project Graduation
Student/Parent Agreement**

A successful trip depends, in part, on the cooperation, positive attitude and good behavior of its participants. Moorestown Friends School's expectations concerning community norms and appropriate student behavior – as outlined in the Student/Parent Handbook – will therefore be in effect during this trip. Violations of these norms and rules could result in reduced grades or loss of credit for the project, a student's being sent home early at the family's expense, or other disciplinary action as determined by the administration.

Parents must agree to come get student if trip leaders deem necessary

In the case of an emergency, the trip leader will make every attempt to communicate with parents. Unforeseen circumstances may make this impossible. Therefore, the accompanying Medical Authorization form must be signed by the parent/guardian.

Student's Agreement:

I understand that I will be expected to participate fully and responsibly in the service involved in this trip. I agree to abide by MFS expectations for appropriate behavior, as outlined in the Student/Parent Handbook.

Student Signature _____

Parents' Agreement:

We/I _____ (parent names) give our/my child permission to participate in the June 11, 2011 through June 12, 2011 Project Graduation event. We understand that all school rules and policies will be in effect during the trip. We agree to release and hold harmless MFS, MFS employees and chaperones from any and all liability, loss, damages, claims or actions for bodily injury and/or property damage arising out of participation on this trip, in accordance with current state and federal law.

I/we further understand that it will be my/our obligation to assume the full cost of the trip, as well as costs associated with early return, if my/our son/daughter is sent home for disciplinary reasons.

Parent/Guardian Signature _____ Date _____