

**Moorestown Friends School Project Graduation Event
Medical Information & Authorization to Treat**

Student Name _____
Parent Names _____
Address _____
Phone _____ (home) _____ (cell) _____ (work)
_____ (overnight if different)

Emergency Contact:

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

Health Information:

Chronic illness _____
Allergies _____
Medications _____
(Provide details if student will be self-administering medications)
Date of Last Tetanus Shot _____
Other Helpful Information _____
Family Physician _____ Phone _____
Family Dentist _____ Phone _____
Health Insurance _____ Policy Number _____
Phone _____ Policy Holder _____

Medical Authorization

I give my son/daughter _____ permission to participate in the Project Graduation Event sponsored by Moorestown Friends School, accompanied by four teacher/staff members from the MFS community.

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) _____ Date _____

**Moorestown Friends School Project Graduation Event
Student/Parent Agreement**

A successful event 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 event. Violations of these norms and rules may result in immediate separation from the group, a phone call to parents for immediate pick up of their child, or other disciplinary action as determined by the administration. Parents are required to agree to arrive promptly to remove their child from the event if contacted by the lead chaperone.

In the case of an emergency, the trip leaders 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.

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Student's Agreement:

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

Student Signature _____ Date _____

Parents' Agreement:

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

We/I further understand that the \$125 fee is non-refundable in part or in whole in the event that my/our son/daughter is released due to disciplinary reasons.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____