

THE OVERLAKE SCHOOL

MEDICAL AUTHORIZATION AND TRIP PERMISSION FORM (“Trip Form”)

****Please fill out within two weeks of the Trip****

The student’s parent or legal guardian (collectively “parent”) must complete this form and sign and date it, below.

Student Name: _____

Trip Name and Dates: _____ hereafter “Trip”

This Trip Form requests additional student medical information and a medical authorization, and reaffirms your child’s participation in Overlake activities – including this Trip – under the terms of The Overlake School’s *Acknowledgment and Assumption of Risks & Release and Indemnity Agreement*.

In further consideration for my child being allowed to participate in this Trip, I understand and agree:

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Supplemental Medical Information: The information requested below is supplemental to the Overlake Medical Form you completed upon your child’s admission. Overlake seeks any additional information before the Trip, to assist in understanding student medical and health concerns and in the event of an emergency. As a result, you must complete the requested information honestly, accurately, and completely. This information will be shared with Overlake staff, medical professionals or others, as necessary, to address participant’s health and medical issues. Otherwise, this information will remain confidential.

Overlake offers a variety of trips and activities that require both mental and physical exertion, in both on campus and off campus (in Washington or other US locations) settings. Please consider this information as you complete this form. We will contact you if we would like additional information or would like to consult with the student’s physician before a student participates. You should contact us if you or the child’s physician have questions or concerns about a student’s ability to participate.

Does the student have any current, chronic or episodic condition/s? This would include, but is not limited to: severe asthma or allergies (including a known anaphylactic reaction), diabetes, a heart condition, an orthopedic injury, a seizure disorder, a current pregnancy, or a mental health issue (e.g. depression, eating disorder, self-abuse). Please list and describe below.

Considering the nature of the activities, does the student have any condition/s or limitation/s (e.g. mental, physical, and/or emotional) that may necessitate care, affect the student’s well-being, the well-being of others, or the student’s ability to engage in any activity/s? If so, please describe below. Include any adaptations or modifications you consider appropriate.

Medication Warning and Policy: Use of prescription and non-prescription drugs is a matter that Overlake takes very seriously. The abuse of prescription and even over-the-counter medications is a growing problem among teens and we encourage all parents to openly discuss this trend and its dangers with their teenagers. Risks include, but are not limited to, participants bringing undisclosed drugs; swapping, selling or trading their medications with other program participants, and overdosing or other adverse reactions. All medications a student will be taking must be disclosed below. Trip participants must understand how to responsibly use and administer their medications, per their physician's written instructions. If students and families state that they may need assistance with certain medications, a meeting must occur to discuss medications before the trip begins. Adults leading the trip may assist with administration of medications as discussed during parent meeting, but adults assisting are not trained medical providers. Please see the Overlake Harmful Substance Policy for related information around student medications.

List the student's current prescription and non-prescription [OTC, Homeopathic] medications, including those regularly taken, or those prescribed or recommended for episodic or emergency use (such as epi-pens for allergies, asthma inhaler, etc.) that will be packed on the trip.

All physician written instructions on how each medication is dosed and when it is dosed must be included here:

Does the student have special dietary restrictions?

I certify that the information provided above is true, complete and accurate. I agree to contact Overlake promptly if any medical history/condition changes before the start of the Trip. I acknowledge that providing inaccurate or incomplete medical or health information or falsifying medical or health information can create serious risks to my child or others, and/or result in my child's dismissal from Overlake or from a particular Trip or activity. I understand that although Overlake staff will review this information and may allow participation, Overlake cannot anticipate or eliminate risks or complications posed by a student's mental, physical (including fitness level), or emotional condition.

Medical Authorization. I authorize Overlake staff, representatives, contractors or other medical personnel to obtain or provide routine or emergency medical care for my child, to transport my child to a medical facility and to provide treatment (including but not limited to injection, anesthesia, or surgery) they consider necessary for the student's health. I agree to the release (to or by Overlake) of any medical records necessary for treatment, referral, billing or insurance purposes. I agree to pay all costs associated with that care and transportation

In the event of an accident or illness, I understand that Overlake will undertake efforts to contact the parent in the event of an emergency. However, if I am not available, I authorized Overlake to provide or secure care as outlined above.

Name of Preferred Doctor _____ **Phone No.** _____

I understand that Overlake does not purchase or have medical/dental/hospitalization insurance in place to cover costs or expenses associated with a student's illness, injury or death. The parent is responsible for those costs and for securing appropriate insurance.

Name of Insurance Carrier _____ **Policy No.** _____

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Permission to Administer Over The Counter/Non-Prescription Medications

Please initial "yes" or "no" to authorize Overlake Trip personnel to administer each of the following medications to your child if the need arises. *OTC medications will be dispensed as per the recommended dosage unless written directions are provided by a Physician.*

Over the Counter Medication	Indications	Yes	No
Acetaminophen (Tylenol or generic equivalent)	Pain reliever/fever reducer		
Ibuprofen (Advil or generic equivalent)	Pain reliever/fever reducer		
Antihistamine (Benadryl or generic equivalent)	Allergies		
Cough drops or throat lozenges	Cough/throat irritation		
Anti-diarrheal	diarrhea		
DayQuil or equivalent	Cold and flu		
Dramamine or equivalent (non-drowsy)	Nausea		

Further Acknowledgment. I agree:

- I and my child have reviewed all Trip information received from Overlake via e-mail, meetings or other means and agree that we will review all additional information received from Overlake between now and the Trip departure date. I understand that Overlake staff are available should I or my child have further questions about the Trip activities, associated risks or other concerns;
- I acknowledge and agree that, in addition to this supplemental Trip Information, all aspects of my child's enrollment and participation in this Trip are included within the scope of – and expressly subject to the terms of – the Overlake School's *Acknowledgment and Assumption of Risks & Release and Indemnity Agreement* already signed by me or my spouse. I re-affirm all aspects of that Document here, including my child's permission to fully participate in this Trip. I agree to review that Document carefully with my child, in regard to my child's participation in the activities, the associated risks, the acknowledgment and assumption of risks, and parent and student responsibilities.

Home Phone # _____

Parent Name _____ Work Phone # _____

Home Address _____ Emergency # _____

Signature of Parent/Guardian _____ Date _____

Two additional emergency contacts needed who can be contacted during trip dates in case primary above is unable to be reached:

1. Name: _____ Phone: _____

Relation to student: _____

2. Name: _____ Phone: _____

Relation to Student: _____