



Parent Permission and Waiver, Medical Release, Emergency and Medical Information Form - Day

EVENT: MenloHacks Computer Programming Hackathon

LOCATION: Menlo School Athletic Center

DATES: April 16, 11 am through April 17 at 4 pm

TRANSPORTATION: not applicable

CHAPERONES: Dennis Yeh, Nina Arnberg, Menlo Faculty

DUE DATE FOR FORM SUBMISSION: April 12

Student's Name _____ Birth date: _____ Grade: _____

Address _____ City _____ State _____ Zip _____

PERMISSION

My/our child has permission to participate in this day trip. I/we are aware of the activities involved and understand that they may entail conditions and risks different from those encountered on campus. I/we along with our child accept these conditions and risks.

MEDICAL EMERGENCY

Should a medical emergency arise, Menlo School will attempt to first contact the student's parent(s) or guardian. However, if that is not possible, I/we authorize Menlo School and its representatives to arrange and consent to emergency X-ray examination, anesthetic, medical and surgical diagnosis and treatment and hospital care for my/our child under supervision of and as deemed advisable by a physician; and to arrange and consent to X-ray examination, anesthetic, dental and oral surgical diagnosis and treatment for my/our child under the supervision of and as deemed advisable by a dentist.

MEDICAL INFORMATION

I/we hereby certify that the information entered in the Vital Health Record for my/our child on the Magnus Health System website is accurate, complete, and up to date. I/we understand that information from the Vital Health Record for my/our child may be used by Menlo School representatives and by health care providers, for example in a medical emergency, and that any inaccuracy or omission could result in harm to my/our child.

Parent initial here to confirm that the Vital Health Record is accurate, complete and current: _____

To update your child's medical information go to: www.magnushealth.com

WAIVER

I/we for myself/ourselves and on behalf of our child, waive and release Menlo School (including its trustees, administrators, faculty members, other employees, agents, and representatives) from any and all claims, causes of action, damages, and costs which I/we and/or my/our child have or may incur in the future arising from or relating to the day trip and related activities. This waiver and release encompasses any and all financial, physical and/or mental harm or damage which I/we and/or my/our child may suffer in the event of an accident or injury, including death, which may occur or be sustained as a result of or in connection with our child's participation in the day trip and/or related activities.

Signature of Parent or Guardian Date: _____

Signature of Parent or Guardian Date: _____

Signature of Participating Student Date: _____

OVER THE COUNTER MEDICATION

Please circle over the counter medication that we may give your child:
Tylenol Advil Tums Imodium (anti-diarrhea) Dramamine (anti-motion)
Cough suppressant Sudafed (decongestant) Pepto-Bismol Benadryl (anti-histamine)

PRESCRIPTION MEDICATION FORM

Middle School

Middle School students are not allowed to carry medication of any kind on their person. The student is not responsible for transporting or dispensing his/her own prescription medications, transporting/dispensing of medications is done by the chaperone only.

Prescription medications can only be dispensed at the request of a parent or guardian. For safety, parents are asked to supply prescription medications or an over-the-counter medication that is not generally available on site to the School Nurse, in the original container, clearly labeled with the child's name and the prescribing physician's instructions such as dosage and time in which it is taken, one week in advance of trip departure. All medications are kept with the chaperone.

Package only the amount of medication that will be needed for the event.

Upper School

Upper School students will be responsible for transporting and dispensing his/her own prescription medication unless otherwise indicated and arranged in advance with the School Nurse..

Medications should be packaged in a pharmacy or manufacturer-labeled container and labeled with the student's name, the prescribing physician's name, the name of the medication, the dosage, and the time at which the medicine is to be taken.

Package only the amount of medication that will be needed for the event

Student's Name: _____

Physician's Name: _____ Phone: (____) _____

Medication	Symptoms Requiring Medication	Dosage	Frequency/Special Instructions

Side effects (reactions to food, other medications, etc.) _____

Other important information about medication: _____

Overnight Field Trip Behavior Agreement

STUDENT: Please initial each statement and sign at the bottom to indicate that you understand and will honor all Menlo policies. After you have done so, show this agreement to your parent and ask him/her to sign indicating that he/she has reviewed this with you.

1. _____ I understand that this is a SCHOOL FUNCTION and that all policies that apply to behavior during school related activities also apply throughout the entire trip.
2. _____ I understand that I will be representing Menlo and will do so with respect and good character.
3. _____ I agree to have no involvement with any substances (alcohol, drugs, and tobacco) throughout the entire trip.
4. _____ I understand that the chaperones are giving generously of their time, and I will honor and respect them at all times.
5. _____ I will abide by all rules concerning curfew and behavior.
6. _____ I understand that my parents will be called and asked to pick me up immediately if I violate any trip rule or school policy.
7. _____ I WILL HAVE A GREAT TIME!!!!

Student's signature

Date

PARENT: I have read these materials and have discussed them with my child.

Parent's signature

Date