

AVON LAKE HIGH SCHOOL MARCHING SHOREMEN
TRIP TO ORLANDO
2022 CHEEZ IT BOWL

Student Permission Form

Return to Mr. Brunger at the end of this meeting

Student _____ Phone _____

Please state any health problems or allergies we should be aware of (food allergies, or other)

List any medication required during the trip (frequency and dosage):

If requested, can your child be given Advil/Tylenol and/or Tums/ Maalox?

Yes _____ No _____

The chaperones on this trip have permission to take my child to a hospital or medical facility for emergency medical or dental treatment.

Signed _____ Date _____
(Parent/guardian)

Insurance Co. _____ Contract/Policy* _____

Please have students take a pic of your insurance card and save it on their phone

I hereby give permission for my child, _____ to participate in the 2022 Orlando trip described above taking place away from the school building and grounds. I agree that my child must abide by standard school rules and special rules established by the chaperones for this activity. I understand that my child's failure to abide by these rules may result in disciplinary action.

Signed _____ Date _____
(Parent/guardian)

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(Permission form page 2)

I hereby agree to hold the Board of Education, the school principal, teachers and any other chaperones harmless for any accident that may occur during the trip.

Signed _____ Date _____
(Parent/guardian)

In case of emergency, I can be reached at the following telephone numbers:

_____ or _____
(Day) (Evening)

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Behavior Contract

All school rules are in effect for the entire trip as well as the additional behavioral guidelines that have been established for this particular trip. These rules are for the safety and welfare of all of our students. Following trip rules and guidelines will make this a great trip. Otherwise, the trip could become an unpleasant experience for students, chaperones, and directors. Disciplinary action will be taken if deemed necessary by the chaperones and director(s). Disciplinary action will generally occur in the following sequence, except in extreme cases of misbehavior or misconduct:

1. Verbal warning
2. Removal of certain trip privileges
3. Phone call to parents (at any time!!)
4. Appropriate disciplinary action while on the trip and/or upon return to Avon Lake
5. An early return home as arranged by the director and the child's parents

I have read and understand the above rules and agree to abide by them throughout the trip. I also understand that severe violation of the above rules can be just cause to send me home.

Signed _____ Date _____
(Student)

I have read and understand the rules, guidelines and information concerning the 2022 trip to Orlando, FL. In addition, I have reviewed this information with my child in preparation for this trip.

I agree to check my child's luggage before we leave home. I have made sure that only appropriate clothing and snacks have been packed and that any inappropriate or excessive items have been removed.

Signed _____ Date _____
(Parent/Guardian)

Avon Lake City Schools

Over-The-Counter Medication Form



The following information is necessary for any student to receive a NON- PRESCRIPTION (Over- the- Counter) medication while in school. All spaces must be completed. **NOTE: ALL NON-PRESCRIPTION MEDICATIONS MUST BE ADMINISTERED ACCORDING TO PACKAGE DOSAGE/DIRECTIONS UNLESS OTHERWISE ORDERED BY A PHYSICIAN.**

Student Information:

Student Name:		Date of Birth:	
Student Address:			
School:	Grade:	Teacher:	
List any known drug allergies:		Height:	Weight:
Name of Medication:		Reason for use:	
Dosage:	Route:	Interval/ Time to be given:	
Date to begin medication:		Date to end medication:	
Possible side effects of this medication:			

I understand that I (parent or guardian) am responsible for the safe delivery of all medications to the school.

I agree:

1. Medication will be stored in the clinic in the original container.
2. Medications will be taken in the clinic.
3. To submit a new form if the medication, dosage, or instructions have changed.

I hereby release the Avon Lake City Schools, Board of Education, its officials and staff from any and all liability for damages or injury directly or indirectly resulting from my child's use of the over-the-counter medication.

Parent/ Guardian Signature:		Parent/ Guardian Name: (print)	
Date:	#1 Contact Phone	#2 Contact Phone	

Medication Administration Record (MAR)
General Medication Form
(Including Asthma Inhaler and Epinephrine Autoinjector Use)

Student Information

Student name			Date of birth	
Student address				
School	Grade/Class	Teacher		School year
List any known drug allergies/reactions			Height	Weight

Prescriber Authorization

Name of medication		Circumstance for use		
Dosage		Route	Time/Interval	
Date to begin medication		Date to end medication		
Circumstances for use				
Special instructions				
Treatment in the event of an adverse reaction				
Epinephrine Autoinjector <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.				
Asthma Inhaler <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the inhaler at school or at any activity event or program sponsored by or in which the student's school is a participant.				
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief				
Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718 a) To the student for whom it is prescribed (that should be reported to the prescriber) b) To a student for whom it is not prescribed who receives a dose				
Other medication instructions Does medication require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the medication a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Prescriber signature		Date	Phone	Fax
Prescriber name (print)				
Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.				

Parent/Guardian Authorization

<input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.			
<input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone

Parent/Guardian Self-Carry Authorization

<input type="checkbox"/> For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.			
<input type="checkbox"/> For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone

**Overnight Field Trip Medication Administration Consent Form
For Avon Lake High School Grades 9 thru 12
Prescriptive and Over-the-Counter Medications**

**This permission form is only for this trip. Each extended trip requires a separate form completed.*

Name (please print)	Date of Birth
Student Address	
Name of Parent or Guardian:	Phone Number(s)
Name of Parent or Guardian:	Phone Number(s)
List any known drug allergies/reactions	

Please state any health issues we should be aware of:

Please list any prescribed or over-the-counter medications your child is currently taking. Please indicate if your child will be self-administering the medication or if a staff member will need to administer the medication. If your child will be taking medications during the trip **that will be administered by the Avon Lake City School Staff, you will need to complete the General Medication Administration Form (MAR) included in this packet. The form requires both parent and physician signatures to be valid.** You will need to complete a form for each prescriptive medication to be administered.

Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer

If a student carries any medication without signed permission/ notification or shares medication with another student, they will be subject to disciplinary actions under the Drug and Alcohol Policy of Avon Lake City Schools.

The chaperones on this trip have permission to take my child to a hospital or medical facility for emergency medical or dental treatment. _____ **(Please initial)**

I hereby agree to hold the Board of Education, the School Principal, Teachers, Staff and any other chaperones harmless for any accident that may occur during the trip.

Signed _____ Date _____
(Parent/Guardian)

**Medication Procedures for Field Trips and Other Off-Campus Activities
For Avon Lake High School Grades 9 thru 12**

Certain school activities involve travel away from the school property for overnight trips. To accommodate the potential need for administration of medication at these activities, either over-the-counter or prescription, the following procedures will be followed.

1. When it is known that a student will require medication during the activity, the parent should be encouraged to chaperone the activity, control, and administer the medication.
2. If the parent cannot accompany the student and the student must take medication, the student may carry the medication under the following circumstances:
 - a. Medications must be locked in the student's suitcase when not in their possession.
 - b. Prescriptive medications must be in the container in which it was dispensed by the prescribing physician or others licensed to prescribe medication. It must be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and date of expiration when appropriate. *PLEASE PACK ONLY THE NEEDED AMOUNTS OF MEDICATIONS FOR THE TRIP. NO MEDS WILL BE ACCEPTED IN BAGGIES OR OTHER CONTAINERS.*
 - c. Non-prescribed (over-the-counter medications) must be in its original container with student's name affixed to it and must be administered according to package dosage/directions unless otherwise ordered by a physician.
 - d. The Overnight Field Trip Medication Administration Consent Form for Prescriptive and Over-the-Counter Medications must be completed and signed by the parent or guardian. Please indicate if the student will be *self-administering* their medications or if it is *to be administered* by a staff member.

For prescription medicines to be administered by a staff member, the General Medication Form, also known as the MAR Form, must be completed in full and signed by the physician and parent to be considered valid.

Over-the-counter medications require a parent signature only. One copy of the consent form(s) will remain with the student and a second copy will be in the possession of the Administrator in charge. For students requiring insulin, Epi-pens, and/or inhalers, we are requesting a backup supply; one for the student and one for the chaperone.
- e. The parent must submit the Medication Administration Consent Form **no later than two weeks** prior to the trip to allow the building nurse to review the orders.
- f. If under some unusual circumstances, the parent is unable to supply the permission form in the appropriate time frame, permission to carry **may** be given after review by the nurse and the principal.
3. If the student is allowed to carry their medication and shares the medication with another, the student will lose the privilege of carrying the medicine and will be subject to disciplinary action under the Drug and Alcohol Policy of Avon Lake City Schools. The student will give the remaining medication to the responsible staff member who will administer it according to the order/information provided on file.
4. If the student carries medication without meeting the above criteria, the medication will be taken from the student and the student will be subject to disciplinary action under the Drug and Alcohol Policy of Avon Lake City Schools.
5. If a student has an identified health need on his/her IEP or 504 Plan, and the parent of the eligible student does not accompany the student, efforts will be made to accommodate the medical needs. **The building nurse should be informed of the need at least two weeks prior to the trip.**