

TRIP RELEASE FORM

My son/daughter _____ has my permission to
(Student's full name)

attend the _____ trip to _____ from
(trip) (location)

_____ to _____
(dates)

Parent Signature: _____

Notes:

_____ I approve my daughter's attendance without a female chaperone and understand my child will follow all team rules, including that boys and girls are never to be alone with each other in hotel rooms.

CONSENT FOR TREATMENT / EMERGENCY CONTACT

Student's Name _____ Home Phone _____

Parent's Name _____ Office Phone _____

Cell Phone #s _____

*If unable to contact parents, contact:

Name _____ Phone _____

Your Doctor's Name _____ Office Phone _____

The following basic medical information is necessary for your protection during the trip.

I am allergic to: (check if applicable)

_____ bee stings	_____ foods (list below)
_____ wasp stings	_____
_____ milk products	_____
_____ egg products	_____ Other

I am allergic to the following medication: (check if applicable)

_____ Penicillin	_____ Sulfa
_____ Aspirin	_____ Other medication (specify)

I am subject to: (check if applicable)

_____ frequent fainting	_____ heart condition
_____ sleep walking	_____ sugar diabetes
_____ high blood pressure	

Medication taken for above conditions:

I received my last tetanus shot _____ / _____
Month Year

I take the following prescribed medications:

Other medical information my doctor or parents believe you should know about:

I give _____ David Song, David Gobberdiel, Jeff Metz _____ or chaperones permission to administer medication for headaches or upset stomach (i.e. Tylenol or Pepto Bismol).

Parent Signature _____

Student Signature _____

PARENTAL AUTHORIZATION FOR MEDICATION ADMINISTRATION:

I authorize David Song, David Gobberdiel, Jeff Metz or chaperones on behalf of OPRF District 200 to administer medication to my child _____ during debate trips.

- 1 Name of Medication: _____
- 2 For treatment of: _____
- 3 Possible Side effects: _____
- 4 Time to be given and instructions: _____

Parent Signature: _____

Date: _____

MEDICAL TREATMENT RELEASE

If the parents and authorized physician named cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent, in the judgement of the school authorities, do you authorize and direct the school authorities to send the child (properly accompanied) to the Hospital and/or doctor most easily accessible?

YES

NO

Insurance Company: _____

Policy Number: _____

I agree to reimburse the school for any medical costs that might be incurred by my son/daughter while on this trip.

Parent's signature

Date

CODE OF CONDUCT FORM

Dear Parents and Students:

The purpose of this letter is to outline the rules and regulations for your son or daughter if he or she is to participate in OPRF debate competitions. The student's signature will act as a pledge. Students should understand the consequences if the pledge is broken.

I, _____ (student) will be responsible for the following as a member of the Oak Park and River Forest High School student body on debate trips.

1. I will conduct myself as a lady or gentleman at all times.
2. I will be on time.
3. I will not drink any alcohol or use drugs while on this trip.
4. I will not smoke.
5. I will not take articles or items which do not belong to me.
6. I will conduct myself in a mannerly fashion when in an eating establishment.
7. I will be in my assigned bed/room at the designated "lights out" time.
8. I will not be in the wrong rooms when staying in the hotel.
9. I will not leave my room after curfew.
10. Girls are never to be in boys' rooms or boys in girls' rooms.
11. I will obey those rules as set forth in the itinerary.

If a student is in possession of alcohol or illegal drugs or has consumed alcohol or used illegal drugs, **their parents will be notified and they will be placed on the next available flight to Chicago at the parents' expense. All responsibilities concerning the student will end upon the student's departure.** If any of the other items are not upheld, your parents will be notified by phone immediately of your problem. Upon return home further action may be taken by the director and principal as to the student's future with the group. You will also be placed in detention under the supervision of a chaperone throughout the rest of the tour with no sight seeing or other activities available.

Parent's signature

Date

Work Phone Number

Home Phone Number

Student's signature

Date