

**ACADEMY FOR GLOBAL STUDIES**  
**FIELD TRIP PERMISSION FORM**  
**New Orleans LEARNING EXPEDITION**

<b>Purpose</b>	Independent Group Research and Service Learning
<b>Destination</b>	New Orleans, Louisiana
<b>Date</b>	Feb. 8-12, 2012
<b>Mode of Transportation</b>	Charter Bus (Gerber Tours)
<b>Meals</b>	Provided via Gerber Tours, except for lunches, and dinner on the bus ride home

\_\_\_\_\_ has my permission to attend the learning expedition to  
 (Student Name) New Orleans, with Gerber Tours, from February 8-12, 2012

**Parent/Guardian Name:** \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

**Alternate Contact/Parent/Guardian Name** \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

**Student Health Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies? (List foods, medicines, other. If none, write "None"): \_\_\_\_\_

Health Concerns? (If none, write "None"): \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Printed Name of Parent/Guardian

**CONFIDENTIAL**

**Medical Addendum to Travel Consent**

**Permission for the Dispensing of Non-Prescription Stock Medicines:** Stock medication for minor symptoms will be dispensed in accordance with dosage prescribed by the manufacturer. Dosages of other items or beyond what is prescribed on the packaging will not be administered. Authorization of each must be indicated with the parent/guardian signature. No signature will be interpreted as disapproval.

<b>Medication Signature</b>	<b>Purpose</b>	<b>Authorization</b>		<b>Parent/Guardian</b>
Tylenol	fever/pain relief	Yes	No	_____
Advil	fever/pain relief/anti-inflam.	Yes	No	_____
Benadryl	fever/pain relief	Yes	No	_____
Imodium	antidiarrheal	Yes	No	_____
Tums	indigestion/antacid	Yes	No	_____

**Dispensing of Prescription Medications:** Medications must be turned in to a district employee responsible for dispensing the student's medication during the period of travel. Medications must be in the original container or prescription bottle with proper labeling. All medication must have a note from the parent with specific directions in regard to dosage and times of administration. Authorized and trained district employees will administer all medications not authorized for self-administration. **No student may have prescription medications except as described below.**

I will turn in the following medications to a district employee for supervised administration: (Please include dosage instructions.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Self-Administered Medications/Emergency Medications:** Inhalers, epipens, glucagen kits, insulin and diabetic supplies, birth control medications, allergy medications and/or specified OTC medications are to be provided by the parents in the correctly labeled prescription container. If requested, permission for students to carry these medications for self-administration will be allowed with written parent authorization.

I give my consent for my student to carry and self-administer the following medications: (Please include dosage instructions.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I fully understand the procedures/permission for the dispensing of non-prescription/prescription medications.

\_\_\_\_\_

Parent/Guardian Signature Date