**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E.I.S.D. LIVE OAK ADVENTURE (LOA) PERMISSION FORM**

**DEADLINE: Wednesday October 31st**

**CHECKLIST:**

□ **NON-REFUNDABLE Camp Fee $150. Make checks payable to EISD or pay online.**

□ Highland Lakes Student Medical Liability Release Form--parent signature is required on page 2 of that form

□ E ISD Live Oak Adventure Permission Form for School Trip--parent and student signatures required (below)

□ Medical Release Authorization--parent signature required (below)

□ Medication Authorization Form--parent signature required (on page 2 of this form)

□ Deliver medication to school nurse by 10/31/2018 Do NOT send medication with your student to school or LOA.

□ Medication—unexpired, in original containers with dosing instructions--not in baggies or single blister packs

□ Prescription medication--pharmacy label must state student’s name, type of medication and dosing instructions

 **EMERGENCY CONTACT INFORMATION**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If for some reason I cannot be reached at the numbers listed above, please call the emergency contact listed below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION FOR SCHOOL TRIP**

**School Organization:** 5th Grade

**Destination:** Highland Lakes Encampment

**Purpose:** Live Oak Adventure

**Departure:** 8:30 a.m. Wednesday 11/07/18 from Cedar Creek Elementary

**Return and student dismissal:** approx. 11:30 a.m. Friday 11/09/2018 from Cedar Creek Elementary

I hereby give my permission for my child to attend Live Oak Adventure. It is understood that the students will be supervised during the trip and that normal precautions will be taken in the interest of their safety and well-being. We agree that the District staff will not be held responsible for any accident or misfortune which might occur in connection with the trip. \*The student agrees to follow the rules and guidelines set by the school and staff of Live Oak Adventure.\*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 \*STUDENT SIGNATURE\* DATE PARENT/GUARDIAN SIGNATURE DATE

**MEDICAL RELEASE AUTHORIZATION**

**PERTINENT MEDICAL INFORMATION, including LIFE-THREATENING ALLERGIES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THAT THE SCHOOL STAFF CONTACT ME. I UNDERSTAND THAT I MAY BE REQUIRED TO DRIVE TO HIGHLAND LAKES ENCAMPMENT TO PICK UP MY CHILD IN THE EVENT OF ILLNESS OR INJURY. IF URGENT CARE IS REQUIRED AND THE STAFF IS UNABLE TO CONTACT ME, I AUTHORIZE THEM TO CALL EMERGENCY MEDICAL SERVICES TO EVALUATE AND TRANSPORT MY CHILD TO THE NEAREST APPROPRIATE HOSPITAL.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 PARENT/GUARDIAN SIGNATURE DATE

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_**

 **MEDICATION POLICY**

**DEADLINE TO DELIVER MEDICATIONS: Wednesday October 31st.**

**There are no stock medications (such as Tylenol, etc.) at Live Oak Adventure.** **Parents must anticipate the need for medication and deliver it to the school nurse before the deadline.**  Send only the amount of medication required, if possible. Leftover medication will be discarded if not picked up at dismissal. All medication must be provided in the original container with the medication dosing instructions on the label. Prescription medications must have a pharmacy label stating the student’s name, the medication name and dosing instructions. Expired medications cannot be administered. Medications will be administered only at designated times. **Do not send medication with your student to school or to Live Oak Adventure. Students in grades K-8 are not permitted to carry or self-administer medication.\*** \*Exception: students may obtain written authorization from their physician and parents to self-carry and/or self-administer medication for asthma, anaphylaxis and diabetes.

**Please check one box and sign below:**

□ I HAVE READ THE POLICY AND PROVIDED THE FOLLOWING MEDICATION. I REQUEST AND AUTHORIZE E.I.S.D. PERSONNEL AT HIGHLAND LAKES ENCAMPMENT TO ADMINISTER IT TO MY CHILD ACCORDING TO MY INSTRUCTIONS. I AGREE THAT THE NURSE OR SCHOOL STAFF WILL NOT BE HELD RESPONSIBLE FOR ANY ILL EFFECTS THAT OCCUR IN CONNECTION WITH THE MEDICATION.

 □ I HAVE READ THE POLICY AND DO NOT ANTICIPATE THE NEED FOR MEDICATION.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PARENT/GUARDIAN SIGNATURE DATE

**MEDICATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOSE: \_\_\_\_\_\_\_\_\_\_\_\_\_ GIVE THIS AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ AS NEEDED EVERY \_\_\_\_\_\_\_\_ HOURS FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ DAILYAS FOLLOWS: DAY 1 Lunch \_\_\_\_ Dinner \_\_\_\_ Bedtime \_\_\_\_

 DAY 2 Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_ Bedtime \_\_\_\_

 DAY 3Breakfast \_\_\_\_

**MEDICATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOSE: \_\_\_\_\_\_\_\_\_\_\_\_\_ GIVE THIS AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ AS NEEDED EVERY \_\_\_\_\_\_\_\_ HOURS FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ DAILYAS FOLLOWS: DAY 1 Lunch \_\_\_\_ Dinner \_\_\_\_ Bedtime \_\_\_\_

 DAY 2 Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_ Bedtime \_\_\_\_

 DAY 3Breakfast \_\_\_\_

**MEDICATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOSE: \_\_\_\_\_\_\_\_\_\_\_\_\_ GIVE THIS AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ AS NEEDED EVERY \_\_\_\_\_\_\_\_ HOURS FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ DAILYAS FOLLOWS: DAY 1 Lunch \_\_\_\_ Dinner \_\_\_\_ Bedtime \_\_\_\_

 DAY 2 Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_ Bedtime \_\_\_\_

 DAY 3Breakfast \_\_\_\_