

REQUIRED FORM FOR ALL EDUCATION STATIONS STUDENTS* *Medical and Special Needs Information

Last Name:		First Name:
DOB:	School:	2016-2017 Grade:

List chronic health conditions (asthma, allergies, other medical/psychological diagnoses), health concerns, medications and/or special dietary requirements. Please explain severity/related needs in detail, **OR** check the box below.

Parents of students who may require medication during programming must complete page 2 of this document, the Medication Administration Consent. A current prescription of necessary medications must be provided for after school storage and use. I will be providing the after school program with the following medications for my child:

My student does not currently have any chronic health conditions. I will give notice if this status changes.

Pediatrician/Family Doctor's name:	Phone number(s) and contact information/instructions:

Does your child demonstrate any emotional/behavioral difficulties? If so, please explain below how we may be helpful. If not, check the box below.

My student does not currently demonstrate any emotional/behavioral difficulties

I understand my child may be photographed / recorded while participating in Education Stations activities. I know a separate registration will be required for my student to participate in off-site activities. I understand that registration and payment for students who wish to attend beginning August 30, 2016 is due by 8/1/16 in order to qualify for the early discount rate. I understand that registration and payments received after this date will be charged standard rates and be accepted on an availability basis only. I agree to abide by the policies and procedures set out in the handbook, available at www.melroseschools.com

PRINTED Parent Name _____ Signature _____

This form is required for ***ALL students who may need medication*** during programming.

Melrose Public Schools
Administrative Offices, 360 Lynn Fells Parkway
Melrose, MA 02176 (781) 662-2000

**WRITTEN PARENT/GUARDIAN CONSENT
FOR MEDICATION ADMINISTRATION**

Name of Student: _____ Date of Birth: _____

Name of Parent/Guardian: _____ Home Phone: _____

Address: _____

Alternate Phone Numbers: _____

Allergies: _____

Other medications taken by your child on a regular basis: _____

CONSENT

I give permission for a trained staff member to administer the following:

Name of Medicine: _____ Dosage: _____ Time(s): _____

Name of Medicine: _____ Dosage: _____ Time(s): _____

Name of Medicine: _____ Dosage: _____ Time(s): _____

I give permission for my son/daughter to self-administer medication if a trained staff member determines it is safe and appropriate: YES NO

I give permission for a trained staff member to share with appropriate personnel information relative to the prescribed medicine administration (e.g. adverse side effects) as s/he determines necessary for my son/daughter's health and safety. YES
NO

Any restrictions on release? _____

Please note: A current prescription of the above medication(s) must be provided for after school storage and use. I understand that I may retrieve the medicine from the school at any time and that the medicine will be destroyed if it is not picked up by June 14th 2017 at 6pm.

Signature of Parent/Guardian: _____

Relationship to Student: _____ Date: _____

REQUIRED FORM FOR ALL EDUCATION STATIONS ELEMENTARY STUDENTS

MELROSE PUBLIC SCHOOLS
360 Lynn Fells Parkway
Melrose, MA 02176

Field Trip
Parental Consent and Release from Liability Form
August 30, 2016 – June 14, 2017

We/I the undersigned father, mother or guardian(s) of _____,
a minor, do hereby consent to his/her participation in the voluntary field trips:

_____ (initial or write n/a) field trips held during 2016-2017 after school enrichment programming

****PLEASE NOTE: Field trip permissions will be valid only when accompanied by specific event registration***

and do forever RELEASE, acquit, discharge, and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents, including all field trip volunteers and chaperones, from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation on account of, or in any way growing out of, directly and indirectly, all known and unknown personal injuries or property damage that we/I may now or hereafter have as parent(s)/guardian(s) of said minor, and also all claims or right of action for damages that said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in this field trip.

Furthermore, we/I hereby agree to INDEMNIFY, hold harmless, protect, reimburse and make good to the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation arising from said minor's intentional, grossly negligent or reckless acts or omissions while participating in said field trip.

SCHOOL PROGRAM: **Education Stations After School Enrichment Program**

_____ (initial or write n/a) field trips held during 2016-2017 after school enrichment programming

****PLEASE NOTE: Field trip permissions will be valid only when accompanied by specific event registration***

Signature(s) of Parent(s) or Guardian(s) _____

Date _____ Relationship(s) _____

Signature of Student: _____

Acknowledging having read and understood the document

Complete Reverse Side. This form may not be altered.

Adopted 7/2010

REQUIRED FORM FOR ALL EDUCATION STATIONS ELEMENTARY STUDENTS

(Parent Permission Form Continued)

Student's Last Name _____	First Name _____	Middle Initial _____
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Home Address _____	Town _____	Zip Code _____
_____	Month ____ Day ____ Year ____	2016-2017 Grade _____
Telephone Number _____	Date of Birth (A copy of the birth certificate may be required.) _____	

IN CASE OF EMERGENCY CALL:

1.	_____	_____	_____
	Name	Tel. No.	Relationship
2.	_____	_____	_____
	Name	Tel. No.	Relationship
3.	_____	_____	_____
	Name	Tel. No.	Relationship

Family Health Insurance Plan _____	Policy Number _____
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FIELD TRIP CANCELLATION RELEASE AGREEMENT

1. The School Committee reserves the right to cancel any school-sponsored field trip up to the time of departure and to recall any field trip in progress, whenever, in the Superintendent's judgment, a change in circumstances, whether man-made or natural, warrants such action in the interests of the safety of students and other participants or for any other appropriate reason.

2. If a trip is cancelled, the Superintendent will endeavor to make the decision at the earliest date possible.

3. If a trip is cancelled, the school district will make an effort to obtain a refund of monies paid by students and parents/guardians; however, such refund is not guaranteed. Parents/guardians may lose all or any portion of the funds that they have expended in connection with the trip.

4. It is strongly suggested that all participants purchase comprehensive trip insurance as warranted.

We/I affirm that we/I have read the above Field Trip Cancellation Release Agreement and understand that the Superintendent has the right to cancel or to recall a school-sponsored field trip. We/I understand and acknowledge that, in the event of such action, we/I may lose all or any portion of the funds that we/I have expended in connection with the trip.

We/I agree to release and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, servants, and agents for any loss of funds or any other damages resulting from the cancellation or recall of any school-sponsored field trip.

Signature of Parent/Guardian _____ Date _____

Please note all lines must be filled in on this form. If you do not give permission for field trips, write "n/a" rather than leaving the line blank. Thank you.