Dear Parents:

 This letter has several purposes. The first is to inform you of some of the activities that your child will be participating in on club trips this year, and to alert you of some of the associated hazards. Let me assure you that we have organized several trips in the past, and all trips have been successful and without incident. Although we follow all safety protocols and recommendations, there are potential health hazards associated with each activity. Please read the statement below and sign indicating that you are aware of the inherent risks associated with kayaking, paddle boarding, swimming, hiking, boating, and camping.

***I understand that all activities listed above, as well as others not listed, are optional activities on the field trips and I willfully grant permission for my child to participate. I understand that, while a chaperone will be present when students are near or in the water, a certified life guard may not be present and that my child is participating at his or her own risk.***

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

Parent signature Date

Although I do not expect to have any problems with the trip, I do want to be able to respond appropriately if the need should arise. Experience through sponsoring similar trips and through coaching athletes has proven to me that it is more efficient to secure parental permission authorizing treatment beforehand, in the event that treatment is necessary. Please complete the questions below and sign in the appropriate space after you indicate your approval or disapproval.

1) Does your child have any medical conditions or special situations that we should be aware of?

\_\_\_\_\_ NO \_\_\_\_\_ YES (please explain)

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2) Does your child take any medications on a regular basis or carry medications with him/her in case they are necessary?

\_\_\_\_\_ NO \_\_\_\_\_ YES (see below)

Whom would you like to be responsible for keeping and administering the medication to your child?

\_\_\_\_\_ male sponsor \_\_\_\_\_ female sponsor \_\_\_\_\_ my child

3) Do you authorize the adult sponsors to administer over-the-counter medications to your child in the event that those medications are needed?

\_\_\_\_\_ NO \_\_\_\_\_\_ YES

What medications are acceptable?

\_\_\_\_\_ all \_\_\_\_\_ analgesics/pain relief \_\_\_\_\_ antacids/stomach medicine

\_\_\_\_\_ topical \_\_\_\_\_ cold/congestion \_\_\_\_\_ antihistamine/allergy

Please list any medications (by name or class of medication) that you specifically ***DO NOT*** want your child to have.

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Please list ***any*** known allergies (including medicine and food and ***especially*** insect bites).

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Please understand that if an accident, injury or sickness were to affect your child, the sponsors would attempt to contact you immediately. However, if you are unavailable at the time when treatment is needed, care can be administered much more quickly if we have prior authorization to act on your behalf.

4) Do you authorize the adult sponsors to seek appropriate medical treatment for any accidents, injuries or sicknesses that may afflict your child, including emergency room treatment and treatment that is recommended by doctors?

\_\_\_\_\_ NO \_\_\_\_\_\_ YES

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

Parent signature Date

Please list your insurance information below, as well as the appropriate contact information.

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Policy holder name insurance company policy number

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Parent name home phone number cell phone

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Parent name home phone number cell phone

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Emergency contact home phone number cell phone