

Parent Authorization for Field Trip

I grant permission for my child, _____, to go to Sorø, Denmark, and the surrounding area. I understand that this trip is voluntary. I also understand that there are some risks involved which are inherent to taking field trips, including traveling to and from the location, and I am willing to accept those risks. In addition, I will not hold MPH accountable for the acts of third parties, including but not limited to common-carriers, places of accommodation, or vendors.

I understand that the following information is essential in case of an emergency and I provide the most current information below:

Home address: _____

Contact names and numbers to call in case of emergency (specify order of priority):

Medical insurance name and number(s) for child's coverage:

Authorization phone number, if required by insurance for emergency treatment:

Date of last tetanus shot: _____

Allergies: _____

Please describe any other health concerns that MPH should be aware of in order to best care for your child on the trip: _____

In the event of illness or injury, I expect to be consulted immediately, but in the event that consultation is not possible, I hereby consent to whatever treatment or care is considered necessary in the best judgment of MPH and the attending physician and/or dentist and/or hospital staff and/or facility furnishing medical or dental services. Accordingly, I absolve and hold harmless MPH with regards to any and all liability relating to said treatment or care. Further, I understand that I am solely responsible for providing medical insurance for my child and for payment of any medical treatment expenses for my child that are incurred that are not covered by such insurance.

Signature of Parent/Guardian

Date

Upper School Student Conduct Agreement

Please review the following with your child:

This trip is a school function. It is expressly understood that all participants on this trip are expected and required to conduct themselves in a mature and orderly manner and in accordance with the responsibilities and rules as set forth in the MPH Parent/Student handbook. Any abuse of these rules and regulations will be grounds for immediate expulsion from the trip, necessitating the offender's return to Syracuse at the full expense of the student. In accordance with school policy, further disciplinary action will be taken upon the student's return home.

While traveling on an MPH trip, it is most important that students obey chaperones at all times. The following **FUNDAMENTAL RULES** (as addressed in detail in the Parent/Student handbook) are effective during the class trip which extends from the time the student is dropped off until the time the student is picked up. The following is strictly forbidden:

- SALE, USE, POSSESSION OR BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS (including misused prescription drugs), NARCOTICS, OR MIND-ALTERING MATERIALS, OR POSSESSION OF PARAPHERNALIA
- DISHONESTY in any form.
- USE OF TOBACCO products.
- ABSENCE FROM ANY GROUP without permission.
- GAMBLING in any form.
- SEXUAL HARASSMENT.
- FIGHTING, HAZING, BULLYING in any form.
- THEFT, VANDALISM, DESTRUCTION OR DEFACING OF OTHERS' PROPERTY. (Any damage to the assigned hotel room becomes the responsibility of the occupants of that room.)
- CONDUCT, WHEREVER OCCURRING, THAT CONSTITUTES A VIOLATION OF NEW YORK OR UNITED STATES CRIMINAL LAWS, or of the criminal laws where the conduct occurred, whether or not the student is prosecuted or convicted for such conduct.
- CONDUCT REFLECTING DISCREDIT upon the School, or seriously unbecoming to a responsible citizen of the MPH community.
- POSSESSION OF DANGEROUS OBJECT(S)
- BODY PIERCING OR GETTING A TATTOO

We fully understand that students are to abide by all rules and regulations set forth above. In addition, we give consent for any search of any lodgings, luggage or person by MPH while on the trip if MPH suspects that an item that is in violation of the stated rules or responsibilities is in such lodgings, luggage or on such person.

Signature of Student

Date

Signature of Parent/Guardian

Date

Administration of Medication Authorization

Please note that no medication during the field trip may be administered outside of the framework of the procedures outlined below. All prescription medications must be in their original containers and labeled by a physician or pharmacist. Any over-the-counter medication must be in the original container. The student may carry only the amount of medication required for the duration of the trip. The parent or guardian must label the original container with the following:

- 1) name of student
- 2) exact dosage
- 3) time to take medication and frequency or exact time interval dosage to be administered
- 4) reason for medication

1. I give my child permission to carry and self-administer his/her medication(s).

Yes No

My child is carrying the following medication(s):

2. I give permission to the MPH chaperones to carry and administer medication(s) to my child.

Yes No

Please administer to my child the following medication(s):

3. I give permission to the MPH chaperones to administer Ibuprofen in the appropriate dosage to my child on an as-needed basis.

Yes No

4. I give permission to the MPH chaperones to administer Tylenol in the appropriate dosage to my child on an as-needed basis

Yes No

We have read and understand the above information. We hereby request medication administered as directed by this authorization for the duration of the field trip. In return, we absolve and hold harmless MPH with regards to any and all liability relating to administering any medication provided MPH complied with the provisions set forth above.

Signature of Student

Date

Signature of Parent/Guardian

Date