

Field Study Common Application School of Environmental Studies

(additional forms may be required before departure)



To Prospective Participants and their Parents or Guardians:

In this document, you will be providing information to help SES staff determine the suitability of specific field studies to the prospective participant. You will also receive information about some of the potential risks involved in participation on an SES field study and on the conduct required of our students during a field study. The information requested here is needed to ensure the health, safety and well-being of all participants in the field study.

Read and discuss the contents of each section of this document carefully before signing. Registration for the course, completion of this packet, and submission of a down payment are mandatory for enrollment in any SES field study. Plan ahead, completion may require a signature from your physician.

Once enrolled in a field study, additional forms may be required. These may be needed for international travel, wilderness travel, or other preparations specific to your study. Before you depart you will be asked to review the information provided on this form and update any changes.

For answers to medical/health questions, please contact Jane Schleisman, school nurse. If you have other questions, please contact one of the teachers on the field study. The phone number at SES is 952-431-8750, FAX 952-431-8755

NAME:

HOUSE:

FIELD STUDY:

HOME HIGH SCHOOL:

SES FIELD STUDY AND TRAVEL: CONDITIONS FOR PARTICIPATION

The undersigned participant and parents (or legal guardians) release The School of Environmental Studies and Independent School District 196 (ISD 196), its administration, teachers, and agents from any and all claims of whatever nature for any injury regardless of nature or cause whether or not resulting in death for any loss, damage, illness, accident, delay, unusual circumstances or expenses due to strikes, war, weather, illness, quarantine, government restrictions or regulations, improper documentation or due to any act or omission of airlines, railroad or bus companies, transportation in general hotels, restaurants or any other service offered by companies, individuals, or agencies, within or related to the aforementioned.

It is further agreed that ISD 196, its employees, and agents shall have full authority to take whatever action it deems necessary to safeguard the health, safety, and well-being of the participant. Such authority shall include authorization to secure medical treatment (including surgery) from local medical personnel and medical institutions or to send the participant home for such treatment. We confirm that the participant is in perfect health and may engage in any physical or sport activity. Such authority shall further include the right to terminate a person's participation for behaviors not meeting the program standards. It is agreed that costs other than those covered by insurance shall be paid by the participant and/or parents or legal guardians.

ISD 196 is granted full permission to act as legal guardians and "in loco parentis" in any situation. It is understood that failure to abide by program standards and to obey local laws will mean termination of participation in the program. No refunds will be granted in such cases. Parents and/or legal guardians agree to cover all resultant expenses to return the participant home.

ISD 196 reserves the rights to alter the itinerary and to adjust costs and cancellation fees to reflect changes of any sort beyond the control of ISD 196 and the School of Environmental Studies, such as any changes in exchange rates, airline costs, etc... ISD 196 also reserves the right to cancel programs due to insufficient participation or to other circumstances beyond its control. Cancellation fees for circumstances beyond its control, such as world unrest, will be in effect.

The undersigned grant ISD 196 and the School Environmental Studies permission to take, process and use photographs of the participant in any way deemed desirable by ISD 196.

ISD 196 reserves the right to terminate a person's participation for failure to make payments on schedule. In such cases, cancellation fees remain in effect.

If the program participant does not have the required government documentation, it is his/her responsibility to contact, well in advance of departure, BOTH the U.S. Immigration Office and the Embassy or Consulate of all countries on the scheduled itinerary. It will be necessary to request and acquire proper visas, re-entry papers, or any other documents required. No program refunds will be possible for participants failing to acquire proper travel documents.

I understand that violation of any District 196 behavior expectations may result in the consequences specified in the SES Student Handbook. Additionally, students who violate these standards will be returned home immediately at the expense of parents or legal guardians and credit for the course will be lost.

By my signature below, I certify that I have read this document and the other information regarding this program and that I agree to the general conditions for participation. I accept the payment schedule and cancellation policy, and grant permission for my child to participate.

Signature of parent or legal guardian _____ Date _____

By my signature below, I certify that I have read this document and the other information regarding this program and that I agree to the general conditions for participation. I accept the payment schedule and cancellation policy.

Signature of participant _____ Date _____

Health & Medical History

To the Parent, Participant & Physician:

The participant completing this form is applying to partake in a strenuous activity that may include one or more of the following conditions: temperature extremes, high humidity, high altitude, hiking on rough terrain, overnight camping, fatigue, unusual foods or water, exposure to bee stings, ticks and poisonous plants. Please be aware that with most of our field studies, immediate medical care is not available. Please consult the packet of information specific to the individual field study for more details.

The purpose of this health questionnaire is to determine if a doctor should examine the participant before participating in a SES field study. A positive response to a question does not disqualify the student from the field study. A positive response shows that there is a preexisting condition that may affect the student's health or safety during the field study.

Please answer the following questions thoughtfully and provide thorough information to ensure the health and safety of our students on the field study.

Check (✓) each of the following that applies to the student today or that has applied to the student in the past.

- | | |
|---|---|
| <input type="checkbox"/> Nosebleeds? | <input type="checkbox"/> Bee sting allergies? |
| <input type="checkbox"/> Contact lenses? | <input type="checkbox"/> Migraine headaches? |
| <input type="checkbox"/> Menstrual problems? | <input type="checkbox"/> Motion sickness? |
| <input type="checkbox"/> Chronic sinus problems? | <input type="checkbox"/> Sensitivity to heat? |
| <input type="checkbox"/> Special diet/ dietary restrictions? Explain: _____ | |
| <input type="checkbox"/> Drug allergies? Which drug(s) _____ | What was the reaction? _____ |
| <input type="checkbox"/> Food allergies? What foods _____ | What was the reaction? _____ |
| <input type="checkbox"/> Environmental allergies? What substances? _____ | |
| <input type="checkbox"/> Has the student ever been prescribed an inhaler? Date? _____ | |
| <input type="checkbox"/> Has the student ever been prescribed an epi pen? For what allergy? _____ | |
| <input type="checkbox"/> Has a physician ever told the student not to participate in strenuous activities? Explain: _____ | |

CHECK HERE IF NONE OF THE ABOVE ITEMS APPLY

A positive response to any of the following questions will require you to seek the advice of your physician and supply the school with your physician's impressions of the student's suitability to participate in the field study.

Respond to each of the following with a YES or NO. You must respond to each item.

- | | |
|---|---|
| <input type="checkbox"/> Surgery within the past year? | <input type="checkbox"/> Asthma? |
| Explain _____ | <input type="checkbox"/> Back pain or injury? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions? | <input type="checkbox"/> Fainting spells? |
| <input type="checkbox"/> Diabetes? | <input type="checkbox"/> Heart condition? |
| <input type="checkbox"/> Lost consciousness? | <input type="checkbox"/> Behavioral health problems? |
| <input type="checkbox"/> Ulcers? | <input type="checkbox"/> Depression? |
| <input type="checkbox"/> Eating disorder? | <input type="checkbox"/> Wheezing with exercise? |
| <input type="checkbox"/> Any other chronic medical condition? | <input type="checkbox"/> Any acute medical condition? |

To the Physician: (complete if any of the items above have been checked)

This student is an applicant for a School of Environmental Studies field study. Your opinion of the student's medical fitness for participation in the field study is requested. Please see the information above, as well as the information packet for the specific field study as you assess the student's suitability for participation.

Physician's Impression

- I find no medical conditions that I consider incompatible with the field study.
- I am unable to recommend this student for participation in the field study.
- I recommend this student for participation with the following restrictions: _____

Please list prescription medications to be taken during the field study: _____

Physician Signature _____ Physician (print) _____ Date _____

Contact Person at Clinic, if school personnel have questions: _____

Clinic _____ Address _____

Phone _____ Extension _____ Fax _____

Parent Signature to allow clinic personnel to talk to school personnel regarding participation in this field study: _____

_____ Date _____

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

Series Number 604.7.2.4.1P Adopted March 1982 Revised May 1999

Title Overnight Field Trip – Student Medical Treatment Information and Permission

Student's name _____ Age _____
Address _____ Phone (____) _____
City _____ Zip _____
Parent or guardian name _____
Address, if different from student _____
City _____ Zip _____ (____) _____ (____) _____
Home Phone Work Phone
Name and phone of neighbor or relative _____ (____) _____
Health care agency _____ Ins. Policy # _____

Medical Information

Any known allergies (including drug allergies or severe allergies to animals, foods or other substances)? _____ If yes, describe _____

Date of last tetanus shot _____

Medication student is presently taking _____
How often _____
Reason _____

List any physical factors that might affect student's activity or would be necessary for a physician to know when caring for your child _____

Parental Permission

If an emergency arises, it might be necessary to seek care for your child before staff can con-tact you. Such care can be provided only if you sign the authorization below. Either the authorization or a statement of the reason for not allowing it should accompany this health form.

In case of minor illness or injury, I, _____, parent or guardian of _____, give my permission for the supervisor of my child to administer necessary treatment and/or first aid.

In case of an emergency, I hereby authorize the official representative of my child's school or the person in charge of the program to permit a physician/hospital to administer emergency or surgical care, and I further authorize any licensed physician, medical facility or trained emergency technician to administer emergency or surgical care.

Signature of parent or guardian Date