

Exploris

A K-8 Learning Community

2016-2017 Medical and Liability Release Form

Exploris is an experiential school. This means that students regularly engage in activities beyond the school walls.

This form serves several purposes: (1) it provides important medical information in the case of an emergency (2) gives school personnel authorization to secure medical aid for your child should it be necessary during school sponsored activities, including overnight trips; (3) gives school personnel permission to administer prescriptive and over-the-counter medication to your child; (4) gives permission for your child to participate in regular field work which includes riding in school-approved transportation and/or walking within the downtown Raleigh area accompanied by school representatives.

Student's name: _____ Birthdate: _____

Address: _____

Parent/Guardian's Email: _____ Phone #: _____

In Case of Emergency, Contact:

Name: _____ Best phone # _____
to reach him/her:

Name: _____ Best phone # _____
to reach him/her:

Doctor's Name: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Provider: _____ Policy Holder's ID #: _____

Date of last tetanus shot: _____ Known allergies: _____

Other known medical conditions that the school should be aware (particularly for overnight trips):

In order for The Exploris School to administer medication to your child during the school day, the following conditions must be met:

- Medication (both prescriptive and over-the-counter) must be in the ORIGINAL packaging with administration directions clearly viewed on the packaging. If a prescription, the prescription data on the packaging must be within date (not expired) and include clear directions for administration from the prescribing doctor. Please send enough medication for the number of days needed.

- Medication must be given to school personnel. Students **ARE NOT** allowed to carry medicine with them, **not even a cough drop**. The only exceptions are for students needing to carry a prescribed asthma inhaler or epi-pen.

Check each box that applies:

- I give consent for my child to be transported to/from The Exploris School in school-approved transportation for various field trips or school activities.
- I give permission for school personnel to administer **non-prescriptive**, over the counter medication to my child. This includes items such as acetaminophen, ibuprofen, cough drops, throat lozenges, supplements and vitamins, etc.

Please list:

Non prescriptive Medication	Purpose	Dosage	Frequency and Time of Day

- I give permission for school personnel to administer **prescriptive** medication to my child. This medication has been prescribed by a licensed physician or other health care clinician and will be supplied in the prescriptive container and clearly labeled with a doctor's directive for administering. I hereby release The Exploris School and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

Please list:

Non prescriptive Medication	Purpose	Dosage	Frequency and Time of Day

- If the above medication is a prescribed inhaler and/or epi-pen, I further give permission for my child to keep this item on his/her person at all times and to use as needed.
- I authorize any hospital, clinic, doctor, nurse, or technician to provide any emergency medical care and/or treatment needed for my child during school-sponsored activities.
- I hereby authorize representatives of The Exploris School to retain or acquire said medical care and treatment on my behalf if I cannot be reached. I agree not to hold such person responsible for any damages arising from the giving of such consent.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____