



## Wheeler High School 2011 Leadership Trip Health Form (to be filled out by the parent/guardian)

**General Health History: (Circle “Yes” or “No” for each statement. Please explain the “Yes” answers below.)**  
**Has the student:**

- |  |        |  |        |
|--|--------|--|--------|
| 1. Ever been hospitalized?                   | Yes No | 8. Had a fainting or dizziness?                      | Yes No |
| 2. Ever had surgery?                         | Yes No | 9. Passed out/had chest pain during exercise?        | Yes No |
| 3. Have a recurrent or chronic illness?      | Yes No | 10. Had mononucleosis (mono) during the past 12mths? | Yes No |
| 4. Had a recent infectious disease?          | Yes No | 11. Have problems with falling asleep/sleepwalking?  | Yes No |
| 5. Have a recent injury?                     | Yes No | 12. Have a history of bedwetting?                    | Yes No |
| 6. Had headaches?                            | Yes No | 13. Have any skin problems?                          | Yes No |
| 7. Have problems with diarrhea/constipation? | Yes No |  |        |

**Please explain “Yes” answers in the space below.**

**Mental, Emotional, and Social Health. Circle Yes or No for each statement answered Yes, Explain.**

Has the student:

- |  |        |
|--|--------|
| 1. Ever been treated for ADD or ADHD?  | Yes No |
| If yes, will the student require meds on the trip  | Yes No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?           | Yes No |
| 3. During the last 12 months, seen a professional to address mental/emotional health concerns? | Yes No |
| 4. Had a significant life event that continues to affect the student’s life?                   | Yes No |

*(death of a loved one, family change, adoption, foster care, new siblings, others)*

**Please explain .Yes. answers in the space below.**

**ADD/ADHD Medications:**

Please inform your physician that your student will be attending a structured international trip that requires rules and social cues, just as in a school setting but on a longer day. Some medications are water soluble and students will be active and quite warm outdoors, your physician may want to adjust dosage.

### **Over-the-counter (OTC) Medications**

The following medications will be the *only over the counter medicines* brought by trip chaperones. These will be available on an as needed basis. **If your student requires any other kind of OTC medication, they will need to bring it on the trip themselves and notify a chaperone.**

If your student suffers from seasonal allergies, it is recommended you send any medication they may need.

**Please cross out any medicines below your child is not to be given.**

Acetaminophen (Tylenol)	Anti-Diarrhea	Laxative (gentle)
Ibuprofen (Advil, Motrin)	Antibiotic Ointment	Generic Cough Drops
Benadryl	Aloe Vera	Hydrocortisone cream
Tums	Gas-Ex	

There will also be a supply of blister pads and Band-Aids available.

## Wheeler High School 2011 Leadership Trip

NAME OF INSURANCE CO. \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_

POLICY OR GROUP NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

### EMERGENCY AUTHORIZATION

In the event of an emergency every effort will be made to notify the parents / guardians first, if the parent/ guardian can not be reached the emergency contacts will be contacted. If all attempted contact fails, I hereby give permission to the medical personnel selected by the chaperones of the Wheeler High School Leadership Trip to order x-ray, routine tests and treatment for my student. I hereby give permission to the physician selected by the chaperones to hospitalize, secure proper treatment for my student as named above. I also give permission to the chaperones to administer over-the-counter medication as deemed necessary.

### CONSENT AND RELEASE:

- I hereby agree to release and hold harmless Cobb County Schools, its employees and volunteers, from loss, claim of bodily injury or property damage, or costs which may arise due to my students participation in the Wheeler High School Leadership Club Summer Tour. The laws of Georgia shall govern this agreement.
- In consideration for being accepted by Institute for Young Leaders, Inc. for participation in the 2011 Leadership Tours. I do hereby release, forever discharge and agree to hold harmless IFYL, Inc., and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as incurred by the undersigned and the student participant that occur while said student is participating in the above described trip or activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I am the parent of this participant and hereby grant my permission for him to participate fully in said trip, and hereby give my permission to take said child to a doctor or hospital and hereby authorize medical treatment including but not in limitation to emergency surgery or medical treatment and, assume the responsibility of all medical bills, if any.
- I authorize the use and reproduction of any and all photographs or video footage of my student for the promotion of Wheeler Leadership club and posting on the Institute for Young Leaders web site.

Mother /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ 2011

Father /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ 2011

As a participant on the 2011 IFYL Inc. sponsored Leadership Tours, I understand that I must act in an **appropriate, responsible, and mature manner** while on this trip. My behavior is a reflection of who I am and represents my family, Wheeler High School, and IFYL Inc. As a participant on a large trip, I understand that I must be punctual, respectful of others, and follow all directions given by the chaperones. I understand that if my behavior falls short of these expectations **I will be sent home** by a method agreed upon by my parents and the chaperones. I, the participant, will be responsible for the cost of travel home. I will be on my best behavior on this trip, complying with the Board of Education's policy and guidelines. I agree to comply with all of the above.

Participant's Signature/Date \_\_\_\_\_ 2011

Parent's Signature/Date \_\_\_\_\_ 2011

### Wheeler High School 2011 Leadership Trip Medical Form

A health exam form signed by a licensed physician is required for the 2011 Leadership Trip

TO BE FILLED OUT BY A LICENCED PHYSICIAN

#### PHYSICIAN INFORMATION

Licensed Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone (\_\_\_\_) \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

#### HEALTH INFORMATION

ADHD/ADD	Yes No	Activity Modification	Yes No
Dietary modification	Yes No	Allergic to bee strings	Yes No
Ear infections	Yes No	Asthma	Yes No
Heart problems	Yes No	Currently taking medication	Yes No
Medication allergies	Yes No	Diabetic	Yes No
Operation	Yes No	Dietary Allergies	Yes No
Seizures	Yes No	Dehydration Disorder	Yes No
Under Psychiatric Care	Yes No		

IF YES, PLEASE

DESCRIBE \_\_\_\_\_

The student is under the care of a physician for the following conditions:

\_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion, or concussion

\_\_\_\_\_

Any treatment to be continued at camp \_\_\_\_\_

#### IMMUNIZATION HISTORY (please attach)

VACCINATIONS	YEAR	BOOSTER
TETANUS	_____	_____

I have examined the above student within the last 24 months and in my professional opinion this student is able to participate in all activities associated with a student trip from June 2-8, 2011.

\_\_\_\_\_ with no restrictions

\_\_\_\_\_ with restrictions; the following restrictions \_\_\_\_\_

LICENSED PHYSICIAN'S

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 2011

## Wheeler High School 2011 Leadership Trip

Please attach copies of the Passport page that includes the student's picture, Insurance & Prescription Cards to this page:

Front & Back of the medical cards

### **Photo and Signature Pages of the Passport.**

For entry into Canada, U.S. citizens must present valid passports that will not expire for at least thirty days after arrival, and a roundtrip/outbound ticket. Passports must have two blank pages or it will not be accepted by customs. Students with passports from other countries may have different requirements.

Signing this agreement confirms you have read and will comply with all information contained in this packet.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_ 2011

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2011

Notary Signature \_\_\_\_\_

Notary Public Seal