

FORM NO. P5-100D

OPTIONAL INFORMATION

- In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist of the hospital or facility furnishing medical or dental services.
- I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.
- Transportation will be by:

- _____ District Bus
- _____ Charter Bus
- _____ District Van
- _____ Private Vehicle

- Note to Parent/Guardian: (1) All medications must be registered on this form; (2) All medications, excepting those which must be kept on the student's person for emergency use must be kept and distributed by the staff, (3) If any medications are to be taken by student, List them here: (Name of medication and reason)

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(4) If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.