

**Lyndon Institute STUDENT HEALTH FORM, PERMISSION TO TREAT MEDICALLY,  
and TRIP RELEASE for all 2023-2024 Day Field Trips** *page one of two*

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The following information is to be used in concert with schoolm sponsored field trips throughout the current academic year. It is the gom to form for school employees to have on hand during field trips, to be provided only to medical personnel as necessary in the event of an emergency. Although the school has some or all of the following information already, this form isolates the information necessary for field trips. We apologize for any redundancy in regard to other forms you complete for the school.

Student's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone Numbers: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone Numbers: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

List two alternative emergency contacts if parent is not immediately available:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Student's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does this student take any medication?  Yes  No

If yes, list name(s) and purpose(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies (medication, food, etc.) and associated reactions for each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any medical condition, illness, or injury of which the school should be aware: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Hepatitis B \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_ Date of MMR Booster \_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_

**Please see other side**

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I, \_\_\_\_\_, acknowledge and agree that field trips will be an important part of my child's/ward's co-curricular activities throughout the school year. In consideration of Lyndon Institute allowing my child/ward to participate in these school-sponsored field trips, on behalf of myself and my child/ward I hereby freely and knowingly waive any and all claims that I or my child/ward may have against Lyndon Institute and its trustees, employees, agents, chaperones, and volunteers (hereinafter, collectively named "LI") and freely and voluntarily release LI from any and all claims, damages, rights of action - present or future (whether or not they are known) - resulting from or arising out of my child's/ward's participation in any or all of these field trips.

I also acknowledge and agree that as a necessary result of my child's/ward's participation in these field trips, he/she/they will be exposed to all the attendant risks thereof, both en route and at the designated field trip locations. I hereby give my permission for (name of student) \_\_\_\_\_ to participate in all day field trips provided to him/her/them by Lyndon Institute during the current academic year.

I further acknowledge and agree that my child's participation in field trips is conditioned on his/her compliance with the rules established by LI for this trip, including, but not limited to, compliance with the direction provided by the trip's chaperones. I also acknowledge and agree to the following Lyndon Institute field trip rights and responsibilities:

- LI will provide me with advance notice of any and all field trips planned for my child/ward so that I am aware of details for each individual trip. I understand I reserve the right to rescind permission for my child/ward to participate in any or all field trips at any time.
- I agree to provide an updated version of this form should any of the information change.
- Teachers and administration reserve the right to limit a student's participation in field trips due to poor academic performance, poor attendance, or poor disciplinary standing.
- Student conduct while on field trips must remain in accordance with Lyndon Institute rules, regulations, and policies, including those set forth in our *Student/Parent Handbook*, just as if the student were on campus.
- Any student financial responsibilities regarding the trip activity must be paid in full *prior* to final administrative approval. There will be no refunds.

I have carefully read and completed this field trip permission and release form and sign it of my own free will.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Treat:** In case of any injury to my child during this school-sponsored trip, I hereby consent to have my above named child/ward examined and, if required, treated by a physician or hospital. I understand that Lyndon Institute will make every effort to contact me prior to taking the student to a physician or hospital. In the event I cannot be notified, Lyndon Institute or its representative has my permission to take appropriate steps to ensure the safety and well-being of my child/ward.

I, the parent/guardian of \_\_\_\_\_ give Lyndon Institute and its authorized personnel permission to sign for treatment in case of accident or injury.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please see other side**