



Does your student experience any of the following?

- Fears: (to what?) \_\_\_\_\_
  - Phobias: (of what?) \_\_\_\_\_
  - Night Terrors
  - Trouble sleeping
  - Bed-wetting
  - Other information pertinent to an overnight outing? (Please, be specific)
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*Parent Acknowledgements*

I understand that a school nurse will not be present during this trip and staff will not have access to information kept in the school Health Office. This form will be the only medical information available to staff.

I understand that medication will not be distributed during this trip unless I have made prior arrangements with the school nurse. These arrangements were made specifically for the purpose of this over night outing. This includes prescription medication, over the counter medication, and vitamins/supplements.

I understand that at no time should a student have any medication on their personal being or packed in his/her belongings. This includes prescription medication, over the counter medication, and vitamins/supplements.

I give permission for the YALE nurse to review medical information and share pertinent information with any and all YALE staff involved in the planning or implementation of this trip.

I understand that 911 will be called in the event of a medical or other emergency. If immediate treatment is necessary, we hereby authorize the school to send the child (properly accompanied) to a local hospital. Parents/guardians will be required to meet his/her student at that location.

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