

EVANSTON TOWNSHIP HIGH SCHOOL

Permission for Emergency Treatment Form

To be completed by parent or guardian:

On rare occasions, an emergency requiring hospitalization and/or treatment develops. Since minors may not be administered an anesthetic or be operated upon without the written consent of the parent or guardian, we request that a parent or guardian sign the following statement. Every effort will be made to contact the parent or guardian before any major treatment. This form would allow the chaperone to prevent a dangerous delay in case an emergency does occur and we are unable to contact a parent.

Please type or print clearly:

In the event of injury or illness to our son/daughter/ward _____
(student's name), born _____ (date), we hereby authorize the representative of Evanston Township High School, their officers and/or agents, to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery.

Parent's/Guardian's Signature _____
Date

Medical Plan Information

Please also complete the following medical insurance information:

Medical Plan _____

Plan Number _____

Group Number _____

The above-noted medical plan is subscribed in the name of:

Medical personnel/trip chaperones should be aware of the following medical conditions of my child:

Music Department Medical Form

1. Student Name _____ Date of Birth: _____

2. Year in School (circle one): 9 10 11 12

3. Do you currently suffer from any Allergies? Y N

Allergy _____ Allergy _____

Allergy _____ Allergy _____

4. Do you currently take prescribed medications for Allergies? Y N

Name of Medication _____ How Many Times Daily _____

Name of Medication _____ How Many Times Daily _____

5. Do you currently take prescribed medication for a medical condition?

Condition _____ Name of Medication _____

Condition _____ Name of Medication _____

Condition _____ Name of Medication _____

6. Are you allergic to any types of Drugs? Y N

Please list: _____

7. In the event of an Emergency contact:

Name _____

Relation _____ Phone (w/area code) (_____) _____ - _____
Please indicate: Cell Phone / Land Line

Address (city, state, zip):

8. Complete this form and return to:

Mr. Bufis & Mr. Lehman
ETHS: 1600 Dodge Ave.
Evanston, IL 60204
(847) 424-7853 (office)

bufism@eths.k12.il.us

lehmanm@eths.k12.il.us

This form will be used for emergency purposes only. All information herein will be kept strictly confidential. Please use reverse side of this form for additional information.

Travel Waiver/Release

**AFFIDAVIT OF INSURANCE COVERAGE, HOLD HARMLESS AGREEMENT,
PARENTS'/GUARDIANS' AGREEMENT REGARDING STUDENT'S CONDUCT ON
EDUCATIONAL TOUR, AND CHANGE IN ITINERARY PROVISION**

I. Affidavit of Insurance Coverage

We _____ the parents (or legal guardians) of _____, a minor who is a student in Evanston Township High School District 202, Cook County, Illinois, in consideration of the agreement by the Board of Education of Evanston Township High School District 202 (hereinafter the "District") to permit our student to participate in the educational tour to take place from _____ to _____, 20__, do hereby state under oath that our student is covered by an accident and health insurance policy that will cover him/her while participating in the aforementioned tour, and that we agree to maintain said coverage in full force and effect for the duration of the tour.

II. Hold Harmless/Indemnification Agreement

We do further agree to indemnify, protect and hold harmless the Board of Education of Evanston Township High School District 202, its officers, supervisors, agents, employees and all private persons or organizations volunteering services without charge to supervise or chaperone students while on the educational tour from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, attorneys' fees, court costs and interest, arising out of our student's participation in the above described educational tour.

III. Permission for Emergency Medical Services

We do further agree to grant to the District or any of its officers, supervisors, agents, employees and all private persons or organizations volunteering services without charge to supervise or chaperone students while on the educational tour full authority to take whatever action they feel is warranted under the circumstances regarding our student's health and safety. This authority will permit the District or any of its officers, supervisors, agents, employees and all private persons or organizations volunteering services without charge to supervise or chaperone students while on the educational tour, at their discretion to place our student, at his/her own expense, or the parent(s) or guardian(s) expense, in a hospital at any point for medical services and treatment, or if no hospital is available, to place the student in the hands of a local medical doctor for treatment. The District or any of its officers, supervisors, agents, employees and all private persons or organizations volunteering services without charge to supervise or chaperone students while on the educational tour are further authorized to fly our student back to the United States at the student's (or the parent's or guardian's) expense for

medical treatment if this is deemed by the District or any of its officers, supervisors, agents, or employees in consultation with medical authorities to be necessary.

IV. Student Behavior Provision

We do further agree that the District reserves the right to terminate the participation of our student in the educational tour for failure to behave and act in accordance with the District's Regulations or Rules of Conduct, failure to follow the instructions and directions of the tour supervisor(s) and/or chaperones, or if the student's acts are detrimental to or incompatible with the interest, harmony, comfort or welfare of the tour as a whole. If the participation of the student is terminated, we understand that he/she will only be entitled to a refund of the funds not actually used and the student will be sent home immediately at their parents' or guardians' expense.

V. Cancellation/Substitution Policy

We further agree that the Evanston Township High School District 202 Board of Education, its officers, agents and/or employees reserve the right at any time prior to or during said tour to make cancellations, changes or substitutions in the itinerary, either because of emergencies or other changed conditions, including but not limited to travel warnings issued by the United States Department of State, acts of terrorism here or abroad, or other world circumstances which affect travel. We understand that if such cancellations, changes or substitutions result in fees and/or penalties, we are individually responsible for such fees and/or penalties. We further understand that the Board of Education of Evanston Township High School District 202, its officers, agents and/or employees reserve the right to alter, prior to tour departure, the cost in order to meet unexpected changes in airline fares, hotel rates, etc., as the announced fee is based on current tariffs, rates and expenses which are subject to change or re-estimation.

Dated this _____ day of _____ 20____.

Parents or Legal Guardians

Board Approved September 22, 2003