OCM BOCES/SUNY ESF
Adirondack Field Studies Summer Program
Cranberry Lake

OCMBOCES
Committed to Your Success
Science Center

Date of trip: From _____ to _____

Residential Health Information, Medical Treatment of Minors, Field Trip Parent Authorization Form

Name of Student: _____ School District: _____

Address: _____ Date of Birth: _____

_____ GENDER: ☐ Male ☐ Female

Phone: (_____) _____

Contact Science Teacher Name: _____ Phone: (_____) _____

Parent/Guardian Name: _____ Phone: (_____) _____

Work Address: _____

_____

Another adult who does not live with above named Parent/Guardian who can be contacted in case of emergency:

Name: _____ Phone: (_____) _____

Address: _____

_____

Family Doctor: _____ Phone: (_____) _____

Health Insurance Carrier: _____ Policy #: _____

1. Date of most recent immunization:
   tetanus ____/____/____ diphtheria ____/____/____ mumps ____/____/____
   measles ____/____/____ rubella ____/____/____ polio ____/____/____
2. List any known medication allergies: (Sulfa? Penicillin? Aspirin?) _____
3. List other allergies, if any: _____
4. Medications presently taking: _____
5. List any exposure to communicable diseases in past 21 days: _____
6. Describe any factor limiting physical activity of student: _____
7. Swimming ability: ___ Non-swimmer ____ Beginner ____ Intermediate ____ Advanced
8. List any dietary restrictions: _____
9. Do we have permission to give your child _____ aspirin or ____ aspirin substitute for minor pain? ___ Yes ___ No

The above information is true to the best of my knowledge. **I have read the back of this form** and understand that by signing below I am agreeing with the provisions outlined there and authorize the chaperones, health professionals, teachers, administrators and other officials of OCM BOCES or SUNY ESF to provide first aid or authorize medical treatment for my child in the event I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Witness signature: _____ Date: _____

Residential Health Information, Medical Treatment of Minors, Field Trip Parent Authorization Form
Please Read Thoroughly Before Signing Front

Fill out the front of this form carefully. Have your signature witnessed by another adult.

A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

This is a legal document. With it you have appointed the chaperones, teachers, graduate students, administrators and other officials or designees of OCM BOCES and/or SUNY ESF to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Students will be staying at SUNY ESF's facility at Cranberry Lake. This facility cannot be reached by road. Therefore, students must be transported by boat to the field station. By signing the front of this form, you give permission for the student named on the front of this form to travel by boat to the field station.

I further understand that my child must obey all the rules and regulations set forth by the program instructors. Failure to do so will result in **immediate** expulsion. If this should occur, parents are responsible for transporting children home.

After you complete this form, have your child return it to school. If your child needs unexpected medical treatment, the responsible adult(s) will present this document to the appropriate person—physician, dentist or hospital representative.

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