

**Berlin Area School District
Berlin, Wisconsin
920-361-2004**

**Acknowledgement of Trip Rules, Trip Consent, Medical Information and Emergency Treatment Consent
-Please Print-**

School _____ Grade _____ Date _____
Student's Full Name _____
Address _____
Street City Zip
Telephone Number _____ Male _____ Female _____ Date of Birth _____
Parent or Legal Guardian _____ Telephone _____ Alternate Phone _____
Relative or Other Responsible Party _____ Telephone _____
Family Physician _____ Telephone _____

Health History

Please list any medical problems such as diabetes, heart problems, asthma, seizures, major or recent operations, emotional problems (hysteria, hyperventilation, etc.) _____

Is he/she currently under medical care? _____ Reason _____

Current medications (Include name of drug, dose, and times to be taken) _____

***High school students taking regular prescription medication must carry it in a correctly labeled original bottle. *Middle school and grade school students must turn in correctly labeled (i.e. original container) prescription medication to the person in charge of the trip or his/her designated person.**

Bee Allergy: yes _____ no _____ Treatment: _____

Drug Allergies: _____ Food Allergies _____

Date of Last Tetanus Injection (recommended at least every 10 years) _____

Insurance Company _____ Group Number _____

Individual Number _____

My child has permission to swim if there is an opportunity - yes _____ no _____

Swimming ability is excellent _____ good _____ fair _____ poor _____

If emergency treatment is required and parents cannot be reached immediately, the student will be brought to the nearest emergency room or medical clinic or an ambulance may be called if deemed necessary. The student has permission to take the following over-the-counter medications and use as directed on the label of medication:

Ibuprofen (Nuprin, Motrin, Advil) - yes _____ no _____ Acetaminophen (Tylenol) - yes _____ no _____

Tums, Rolaids - yes _____ no _____ Cough or Throat Lozenges - yes _____ no _____

Pseudoephedrine (Sudafed) - yes _____ no _____ Diphenhydramine (Benadryl) - yes _____ no _____

Other _____

We, the parents/legal guardians have read the booklet furnished by the school which contains information and rules pertaining to student conduct and the trip and discussed this information with our son/daughter. We also hereby give permission for emergency medical care as deemed necessary. We give our consent to allow our child to travel with Berlin school personnel and chaperones on the trip as noted below:

Trip _____ Purpose _____
Location _____ Dates _____

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

***Photostatic copies of this medical authorization shall be as effective as the signed original**

Revised June, 04

Parental/Guardian Permission Slip and Waiver of Liability for
Student's Use of the Vertical Venture Ropes Challenge Course

Please Read This Release Carefully

I, the undersigned parent or legal guardian, understand that
_____ (child's name)
will be participating in ropes challenge course activities on the
Vertical Venture Ropes Challenge Course (Berlin Area School
District). I understand that the program includes climbing,
rappelling, cable walking, rope swinging, balance walking, wall
climbing, and participation in other activities of similar nature.
I understand that these activities fall within the meaning of
"Recreational Activities" under sections 895.52 and 895.525 of the
Wisconsin Statutes.

I acknowledge that reasonable safeguards have been employed to
render the aforementioned activities as safe as possible, but I do
understand the risks of the program as involving some strenuous
physical activity. I do hereby grant my child permission to
utilize the Vertical Venture Ropes Challenge Course. I agree to
indemnify and hold harmless the Berlin Area School District and
its agents, assigns, and employees from and against any and all
claims, damages, losses, injuries, and expenses arising out of or
resulting from my child's participation in these activities.

List any medical condition or physical limitation that would
restrict participant's activities in any way.

Parent or Guardian Signature _____

Date _____

Parent Emergency Contact Phone Number _____