



Health Release Form

Last name _____ First Name _____ Grade _____

Note to parents: Emergencies, such as sudden illness, injuries, etc. may arise in the course of your child’s trip experience. It is important for the student’s welfare that we be able to contact the person who is responsible for this student at all times. **Please expand any information as needed on the back of this form. Please complete all the following:**

Name of primary parent/s–guardian/s (Print): _____

Address _____ E-mail contacts: _____

Telephone #: Home _____ Bus. _____ Cell _____

Other contacts – include relationship:

Name (print) _____ Home # _____ Bus. _____ Cell _____

Name (print) _____ Home # _____ Bus. _____ Cell _____

Family Physician’s Name _____ Phone # _____

Diet requirements (e.g. vegetarian, other) _____

Allergies (food, medication, other) _____

Has the student had any recent illness or disability that we should be aware of? _____

Medications being taken _____

Please note: All medications brought to the conference by students must be checked in with the staff member in charge at conference start. All medications must be in the original packaging (i.e. prescribed medications in their original prescription bottle, non-prescription medications in their original bottle/box). All directions for taking medication must be clear on frequency, dosage, and direction on how to take them (i.e. with 8 oz of water, as needed, etc.) All asthmatic children should bring an extra inhaler as a precaution. All students with prescribed epi-pens must bring one to carry with them and another for the medical director to hold.

Please advise if you will be out of town while your child is at the conference and give complete contact information:

In addition, I give permission to the U.S. Green Schools Fellows staff to administer other non-prescription medication for ailments such as headache, sore throat or stomach pain. /__/ yes /__/ no

I grant permission to administer first aid to my child prior to contacting me. In case of a medical emergency, I understand I will be contacted as soon as possible. If I cannot be contacted, this authorizes a licensed physician, surgeon or recognized hospital staff member to administer emergency medical care.

Parent/guardian’s signature _____



Date _____

PARENTAL PERMISSION & WAIVER OF LIABILITY

I give permission for my son / daughter to participate in the Green School Fellows Conference at the National Conservation Training Center in Shepherdstown, West Virginia, from June 26th through July 1st, 2009.

I understand that the GSA-NCTC Behavior Agreement applies during the entire conference. I have read all the information about this program and understand that it requires students to exercise responsibility with regard to personal safety and the safety of others.

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent child which might arise directly or indirectly as a result of, and or participation in this program.

I hereby expressly release, discharge and hold harmless from any liability whatsoever Green Schools Alliance (GSA) and the National Conservation Training Center (NCTC), and all employees and volunteers in their capacities as representatives of GSA and NCTC, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns.

Signature of Parent or Legal Guardian: _____

Date: _____

Return this form as well as the behavior agreement by May 15th to:

U.S. Green Schools Fellows
1337 Peachtree Battle Avenue
Atlanta, GA 30327