

Swimming Ability: non-swimmer/poor beginner intermediate advanced

Has your child received the Covid-19 vaccine? No Yes

If yes: Please list the name of the vaccine and date(s) of each dose: _____

By signing below, I, _____ [printed name of parent/guardian], attest that I have completed this form accurately and completely, and that I have read, understood, and have had the opportunity to ask questions about the Travel Medicine Advisory letter provided by the Health Center. I also understand that it is my responsibility to update the Health Center with any updates or changes to my child's medical condition between the completion of this form and the start of the trip.

Signature of parent or guardian: _____

Date: _____

Permissions and Acknowledgements

The following permissions and acknowledgements are required. The signature of a parent or guardian is also required on this form prior to student participation in academic, co-curricular and other school-related activities.

- Every effort will be made to contact parent(s) or guardian(s) for serious illnesses, serious psychiatric concerns, serious injuries, operations or protracted or complex treatments.
- I hereby grant permission to the school medical staff to provide medical care to my child during the time that he or she is enrolled at the above-mentioned school, as well as to submit claims to my insurance carrier for the care provided.
- I hereby grant permission to the school counseling staff to provide counseling services as needed or requested by my child during the time he or she is enrolled at Deerfield Academy: I have read and understand the What is Counseling document on the parent portal. I acknowledge and agree to abide by this services protocol.
- I hereby grant permission to the school medical staff to administer influenza vaccine and any immunization required by Massachusetts law or school policy. Vaccine Information Statement for inactivated Influenza Vaccine: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html> I understand that all vaccinations will be uploaded to the MA Immunization Information System and if I wish to decline, I must call the Health Center. More information can be found at www.mass.gov/dph/miis.
- I hereby grant permission to the school Medical Director and his or her designee to represent me during the time that my child is enrolled at the above-mentioned school with full power to authorize and consent to any medical treatment of my child, including hospitalization, anesthesia and surgery.
- I hereby grant permission to the school Medical Director and his or her designee to represent me during the time that my child is enrolled at the school with full power to authorize and consent to any evaluation or treatment for my child in a healthcare facility or medical office including but not limited to labs or imaging such as ultrasounds, X-rays, MRIs and CT scans.
- I hereby acknowledge that I have viewed and understand the Notice of Privacy Practices that describes how the Health Services of the above-mentioned school may use and disclose my child's health information.
- I hereby acknowledge that my family has viewed and understands the Concussion Education Courses for parents and students.
- I hereby acknowledge that the above-mentioned school does not necessarily conduct or require the health examinations that my state may require for public school students. I understand I can consult with my health care provider, my local school committee or my local board of health to learn more about these exams and that, if I want these exams carried out on my child, it will be my responsibility to do so.

Student Name: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Student if over 18 yo: _____

Date: _____