Emergency Medical Release & Consent for Treatment

Alaska Regional Career & Technical Instruction Consortium

Required for all students traveling to an ARCTIC Intensive Week

Return this completed form to your CTE Career Guide before travel. No student may travel without a signed consent on file. Attach a copy of the insurance card if you have one.

1. STUDENT INFORMATION

STUDENT NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE
SCHOOL / DISTRICT	GRADE	HOME COMMUNITY
INTENSIVE / COURSE NAME	LOCATION	DATES OF TRAVEL

2. PARENT / GUARDIAN & EMERGENCY CONTACTS

PARENT / GUARDIAN NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE
HOME ADDRESS		EMAIL	
SECOND EMERGENCY CONTACT	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE

3. INSURANCE & HEALTH CARE PROVIDER

INSURANCE CARRIER	POLICY / MEMBER NUMBER	GROUP NUMBER
PRIMARY CARE PROVIDER / CLINIC	PROVIDER PHONE	PREFERRED FACILITY
TRIBAL HEALTH AFFILIATION, IF ANY (TCC, IHS BENEFICIARY, ETC.)	MEDICAID / DENALI KIDCARE NUMBER, IF APPLICABLE	

☐ We do not carry health insurance for this student.

4. MEDICAL INFORMATION

List everything that applies. Write "None" where nothing applies — a blank line will be treated as incomplete and may delay the student's travel.

	DETAILS — INCLUDE REACTION AND TREATMENT WHERE RELEVANT
Allergies — food	
Allergies — medication	
Allergies — insects, latex, environmental	
Chronic conditions (asthma, diabetes, seizures, heart, mental health, etc.)	
Recent illness, injury, or surgery	
Dietary restrictions	
Physical limitations affecting shop, lab, or field work	
Date of last tetanus immunization	

ANAPHYLAXIS: *if this student has a history of severe allergic reaction, an EpiPen must travel with the student and Section 6 must be completed.*

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or legal guardian of the student named on this form, I give my consent for ARCTIC staff, chaperones, and school district personnel to obtain emergency medical, dental, surgical, and hospital care for my student during travel to, participation in, and travel home from the ARCTIC Intensive Week identified above. I understand that staff will make every reasonable effort to contact me before treatment is provided, and that treatment may proceed without my prior consent if I cannot be reached and a licensed medical professional determines that care is needed.

I authorize the release of medical information on this form to treating providers, and I authorize treating providers to release information about care given to ARCTIC staff and to me. I understand that I remain financially responsible for the cost of any medical care my student receives.

I certify that the information on this form is accurate and complete to the best of my knowledge, and I will notify ARCTIC staff in writing of any change before my student travels.

☐ **I give consent for emergency medical treatment as described above.**

☐ I am limiting or declining consent. Explain below — staff will contact you before the student travels.

PARENT / GUARDIAN SIGNATURE | PRINTED NAME | DATE

6. MEDICATION CONSENT & ADMINISTRATION

ARCTIC MEDICATION POLICY — PLEASE READ BEFORE COMPLETING THIS SECTION

- All prescription and over-the-counter medications must be handed to ARCTIC staff on arrival at the Intensive Week. Staff store, dispense, and document all medications.
- Students may not keep any medication in their possession — this includes vitamins, sleep aids, NyQuil, Benadryl, Tylenol, Advil, Aleve, Sudafed, and Mucinex.
- The only exceptions a student may carry are saline eye drops or nasal spray, EpiPens, albuterol inhalers, and skin creams or ointments. These must still be listed below.
- Staff may only dispense medication to a student whose parent or guardian has given written permission on this form, and will dispense according to the prescribed or labelled dosage.

Medications to be sent with the student

Send every medication in its original, labelled container. Prescription labels must show the student's name, the medication, and the prescribed dose.

MEDICATION	DOSE	ROUTE	TIME(S) / FREQUENCY	REASON	SPECIAL INSTRUCTIONS

☐ **This student takes no medications of any kind.**

Student self-carry authorization

Check only what applies. These are the sole items ARCTIC permits a student to keep on their person.

☐ EpiPen / epinephrine auto-injector — my student is trained to self-administer.

☐ Albuterol or other rescue inhaler — my student is trained to self-administer.

☐ Saline eye drops or nasal spray.

☐ Skin cream or ointment.

Over-the-counter medication — standing authorization

Initial beside each medication ARCTIC staff may give your student as needed, at the dose on the package label. Leave blank to withhold permission.

INITIAL	MEDICATION	GIVEN FOR	INITIAL	MEDICATION	GIVEN FOR
	Acetaminophen (Tylenol)	Pain, fever		Antacid (Tums)	Upset stomach
	Ibuprofen (Advil, Motrin)	Pain, fever		Throat lozenges	Sore throat
	Antihistamine (Benadryl)	Allergy, itching		Cough syrup	Cough
	Hydrocortisone cream	Rash, itching		Antibiotic ointment	Minor cuts

I have listed every medication my student takes. I authorize ARCTIC staff to store and dispense these medications as described above, and to document each dose given.

PARENT / GUARDIAN SIGNATURE _____ PRINTED NAME _____ DATE _____

7. STAFF USE ONLY — MEDICATION RECEIVED & ADMINISTRATION LOG

MEDICATIONS RECEIVED BY (STAFF NAME) DATE / TIME RECEIVED COUNTED & VERIFIED

DATE	TIME	MEDICATION & DOSE GIVEN	REASON	STAFF INITIALS

Questions about this form or the Intensive Week?

Jerry Jones, ARCTIC Director · jjones@dgsd.us · (907) 841-0703

Jenny York, CTE Career Guide, Alaska Gateway School District · jyork@agsd.us · (907) 209-4990

Report any accident or injury to the ARCTIC Director as soon as possible. OSHA requires certain incidents to be reported within eight hours.