

## MEDICAL AUTHORIZATION FOR FIELD TRIP

Advisors may hold and supervise the dosage of any medication to minor members on field trips only when the minor has a medical condition that may be adversely affected without medication. This applies to both prescription and nonprescription medication. It is important for you to know that no nurse or health official is accompanying the minors on this on field trip. Exceptions may be made with parental consent for minors with inhalers who are responsible enough to self-carry and administer their inhalers.

- Prescription medication MUST come in the pharmacy labeled container with the minor's name, pharmacy and telephone number, name of physician, drug name, dosage and time to be given. Nonprescription medication MUST come in its original container and be labeled with the minor's name.
- Parent/Guardian is responsible for bringing the medication and giving it to the responsible M.Y.I. advisor on the departure day of the trip. Send only the amount needed for the length of the field trip.

In the event of a major medical emergency, 911 may be called for an ambulance to transport your child to the nearest hospital. Parents/Guardians will be notified as soon as possible. Should it be necessary for your child to have medical treatment while participating in this trip, and a parent cannot be reached, your signature grants the responsible Magic Youth International advisors identified on the face of this document permission to use their judgment in obtaining medical service for this minor and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that Magic Youth International has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

Member's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

If an inhaler, is it a self-carry inhaler     Yes  No

Amount (Dose) of Medication \_\_\_\_\_

Time(s) to be Administered \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

I/we agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, do release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend the \_\_\_\_\_ Chapter of Magic Youth International and the International Brotherhood of Magicians, their officers, directors and agents, volunteers and the chaperons, and/or representatives from any and all liability arising from or in connection with my child participating in this field trip or in connection with any illness or injury or cost of medical treatment in connection therewith, and I/we further agree to compensate the \_\_\_\_\_ Chapter of Magic Youth International and the International Brotherhood of Magicians, their officers, directors, agents, volunteers, chaperons, and/or representatives associated with the trip for reasonable attorney's fees and expenses arising in connection therewith.

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS.** If only one parent signs this document that parent represents and warrants that he/she is the sole custodial parent of the student participant with sole authority to sign this waiver and release form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_