



Ohio Virtual Academy
 1690 Woodlands Drive
 Suite 200
 Maumee, OH 43537

School Trip Code of Conduct

Student:

I, _____, understand that by participating in this Ohio Virtual Academy School trip, I am promising to cooperate with the chaperones and my classmates. I promise to behave in a manner knowing that I represent Ohio Virtual Academy School. If I do not follow these standards, I will be sent home at my parent/guardian's expense.

I understand that I may not bring, purchase, or use alcohol or illegal drugs at any time on this trip. I will not engage in behavior that includes fighting, vandalism, lewd behavior (including sexual activity), possession of a weapon, threatening, stealing or accompanying others who are engaging in these behaviors. I understand that doing so will result in my immediate dismissal at my parent/guardian's expense.

I have read OHVA's Student Code of Conduct and agree to abide by it.

 Student Signature

 Date

Parent/Guardian:

I have read OHVA's Student Code of Conduct and understand that if my son/daughter should break the code of conduct, I will be responsible for immediately transporting my son/daughter home from the trip regardless of the time of day or night. I understand that the adult chaperones leading the trip have the final decision in enforcing these standards.

 Parent/Guardian Name Printed

 Date

 Parent/Guardian Signature

 Date

SCHOOL NAME: OHIO VIRTUAL ACADEMY

ADULT ____ or STUDENT ____ (Check one)

OHVA MEDICAL AUTHORIZATION AND INFORMATION FORM

Student's Name: First: _____ Last: _____

Date of Birth: _____ Sex: ____ M ____ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent or Legal Guardian(s) Name(s): _____

Work Phone Number (Dad): _____ Work Phone Number (Mom): _____

Cell Phone Number (Dad): _____ Cell Phone Number (Mom): _____

Emergency Contact (If Parent or Guardian cannot be reached) Name: _____

Relation to Student: _____ Phone: _____

Medical Insurance Company: _____ Policy Number: _____

MEDICATIONS:

Over the Counter: Must be provided in the original container, in a baggie with the child's name and any dosage instructions

Prescription Medications: Same as above.

In the absence of a parent or relative attending the trip, these items must be turned in to the OHVA representative, and dispersed as instructed below.

Please list any medications that your child will be taking while at camp.

Name Of Med	Dose	Reason for Med	When Taken
example: Accolate	1 pill, 2 times a day	Asthma	Breakfast, Dinner
_____	_____	_____	_____
_____	_____	_____	_____

If you need more room for the medications or health history, please use a separate piece of paper. Thanks!

Health History: (please check if applicable)

___ Convulsions/Seizures

___ Bedwetting

___ Diabetes

___ Migraines

Please, List Any Other Potential Health Problems

___ Frequent ear infections

___ Behavioral disorders

___ Asthma

___ Sleepwalking

___ Headaches-mild

___ Emotional Disorders

___ Bleeding/Clotting Disorders

Please list any Current Infectious Diseases: _____

Immunization History: Immunizations up to date according to your state

___ Yes ___ No

Date of last Tetanus Booster: _____

Allergies: (please check if applicable)

___ Bee stings

___ Poison Ivy (severe reaction)

___ Seasonal/Hay Fever

___ Environmental requirements:

___ Animal allergies (please list)

___ Food allergies (please list)

___ Medication allergies (please list)

IN MY ABSENCE, I HEREBY GIVE PERMISSION TO OHVA STAFF TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT. ALSO TO PROVIDE ROUTINE, NON-SURGICAL MEDICAL CARE FOR THE MINOR CHILD NAMED ABOVE WHILE ATTENDING THIS ACTIVITY. I RELEASE ALL PHOTOS, VIDEO AND AUDIO TAPES OF MY CHILD TO OHVA FOR PROMOTIONAL PURPOSES SUCH AS BROCHURES, VIDEO, WEB PAGES, ETC. I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITIES INCLUDED IN THE EDUCATION EXPERIENCE AND ACCEPT ANY RISKS INVOLVED IN HIS OR HER PARTICIPATION AS WELL AS PERSONAL FINANCIAL RESPONSIBILITY FOR ANY INJURY OR LOSS SUSTAINED DURING THE ACTIVITIES AND HOLD OHVA HARMLESS FOR SUCH INJURY OR LOSS ARISING DIRECTLY OR INDIRECTLY FROM SAID ACTIVITIES.

I certify that this information is true to the best of my knowledge.

Parent or Legal Guardian Signature

Date