# ELIM CHRISTIAN SCHOOL

**Off-Campus Activity Plan**

**Special Medical Needs**

**(Updated 09/25/2017)**

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year:\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-medical Elim staff cannot administer rescue medications during off-campus activities, with the exception of epinephrine for allergic reactions, therefore, the parent/guardian must choose from one of the following options for off-campus activities.**

Please mark **one** choice below:

\_\_\_\_1. The student must stay on campus in a setting assigned by the Director of Education and work on IEP goals.

\_\_\_\_ 2. *One* parent/guardian may accompany the student to provide any necessary medical attention. The parent/guardian will be required to accompany the student on Elim transportation to and from the activity.

\_\_\_\_3. Parent/guardian may arrange for a caregiver chaperone, over the age of 18, to accompany the student and provide any necessary medical attention. The chaperone is required to accompany the student on Elim transportation to and from the activity.

As parent/guardian, I give permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve as caregiver chaperone for my child during off-campus activities. I ensure that this person is at least 18 years of age and has the knowledge and ability to care for my child’s medical needs, such as diabetes management, seizure management, and/or allergy management, in my absence.

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\_\_\_\_\_4. The student may attend the off campus activity **without** a parent/chaperone. The student will **not** be given rescue medications, including, but not limited to Diastat, insulin and oxygen. Parent/guardian understands that in the event of a medical emergency that 911 will be phoned.

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

Chaperone Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_