

ELIM CHRISTIAN SCHOOL
Off-Campus Activity Plan
Special Medical Needs

School Year: _____

Student: _____ Date of Birth: _____

Parent/Guardian (please print) _____

With the exception of medication for allergic reactions and/or asthma symptoms, teachers, therapists, paraprofessionals, and aides cannot administer other emergency medications during off-campus activities, therefore, the parent/guardian must choose from one of the following options.

Please mark **one** choice below:

- ____ 1. The student will stay on campus in a setting assigned by the Assistant Principal of the student's program 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 to and from the activity.
- ____ 3. Parent/guardian will appoint a chaperone, over the age of 18, to accompany the student and provide any necessary medical attention. The chaperone *cannot* be an Elim staff member and is required to accompany the student to and from the activity.

As parent/guardian, I give permission for _____ to serve as 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 but not limited to seizure, respiratory, diabetes management and/or allergy treatment, in my absence.

- ____ 4. The student may attend the off-campus activity *without* a parent/chaperone. The student will **not** be given emergency medications, including, but not limited to seizure rescue medication, insulin or oxygen by staff. Parent/guardian understands that in the event of a medical emergency, 911 will be phoned.
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Parent/Guardian Signature: _____ Date: _____

Chaperone Signature: _____ Date: _____