

Student Name: _____

WJA Non Prescription Medication Permission

I/we hereby give permission for my/ our child _____ to receive the medication listed below on this form as deemed necessary by an authorized school employee in accordance with the established protocols. I/we understand that generic equivalents may be used in place of more expensive brand name items. (Note: no aspirin is given to any student)

The following nonprescription medications will be available to your child:

1. **For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (including Children's elixir, Junior chewables and tablets) and Ibuprofen (including Children's elixir, Junior chewables and tablets).
2. **For bites/allergic rashes:** Anti-itching lotion (e.g., Calamine or anti-inflammatory cream, Hydrocortisone cream 1%, Benadryl liquid or capsules).
3. **For mild allergy symptoms or allergic reactions:** Diphenhydramine (e.g., Benadryl liquid or capsules)
4. **For sore throat:** cough drops

I/We understand that the above medications will be administered with discretion by an authorized school employee and in accordance with established protocols developed by the school. I/We also understand that ANY other nonprescription medication not listed above must be supplied to me/us and accompanied by a signed physician note indicating medication, dosage, and how it is to be administered. The medication must be in the original container with label.

I/We further understand that the School, its officers, agents, and /or any employee who administers the above medication to my/our child shall not be liable for damages as a result of an adverse reaction or any other injury suffered by my/our child due to the administration or failure to provide the medication, other than for damages resulting from the gross negligence, recklessness, or intentional infliction of harm by WJA, its officers, trustees, agents, or employees.

****Please** I/We agree to the above medications and conditions.

Check One I/We agree to the above medications and conditions with the following exceptions:

Box** _____

I/WE DO NOT WANT ANY MEDICATION GIVEN TO OUR CHILD.

Parent/guardian's Signature _____ Date _____

WJA Blanket Field Trip Permission

I authorize my child, _____, to be permitted to participate in athletic and other school trips during the normal school day. The Washington Jesuit Academy (WJA) provides a variety of field trips as a means of enhancing the academic, athletic, cultural and spiritual development of our students. Because of our extended day and school year design, we have a significant number of opportunities to explore the resources of the greater Washington, DC area.

This permission form provides a general consent for students to engage in field trips and activities as approved by the Headmaster of WJA. It is understood that such trips will be properly supervised by members of the WJA staff and that appropriate transportation will be provided as necessary. I understand that I may not be notified in advance of each trip and there may be risks and other hazards associated with those trips. I am nevertheless willing to assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by Washington Jesuit Academy (WJA), its officers, trustees agents, or employees.

I hereby do agree to release and hold harmless WJA, its officers, trustees, agents, or employees from any and all costs, claims, suits, actions, judgments, and expenses upon any damage, loss or injury to my child or damage to my child's property arising from my child's participation in school trips, other than damage, loss or injury that results from gross negligence, recklessness, or intentional infliction of harm by WJA, its officers, trustees, agents, or employees.

Parent/ Guardian's Signature _____ Date _____

Print Name: _____

Authorization for Participation in Interscholastic Sports

As parent(s) or legal guardian(s) of _____ I/We hereby authorize and consent to our child's participation in interscholastic sports. I/We understand that there are risks and hazards associated with travel to and from the sites of such sports. Furthermore, I/We understand that the sports in which my/our child will be participating are potentially dangerous, and that physical injuries may occur to my/our child requiring emergency medical care and treatment.

I/We hereby agree to release and hold harmless Washington Jesuit Academy, its officers, trustees agents, or employees and agree to indemnify each of them from any and all costs, claims, suits, actions, judgments, and expenses upon any damage, loss, death or injury to my/our child or damage to my/our child's property arising from my/our child's participation in, including travel to and from the sites of, interscholastic sports, other than damage, loss, or injury that results from gross negligence, recklessness, or intentional infliction of harm by WJA, its officers, trustees, agents, or employees.

Parent/Guardian's Signature _____ Date _____