

REQUIRED FIELD TRIP INFORMATION

All students must have this form completed and returned by _____. Any student without the information **will not** be allowed to participate in the field trip on _____.

Over-the-counter or **prescribed** medications must have a signed form from the parent, as well as from the doctor. These medications may include items such as Tums, cold medications, inhalers, allergy medications, etc. **Medication will not be administered without a Physician/Parent Authorization form on file signed by you and your doctor.** All orders need to reflect specific instructions for administration of all the doses required during a 24 hour period.

Medications must be provided in pharmacy labeled bottles, and over-the-counter medications need to be in the original package labeled with your child's name.

1. Extra forms may be obtained in the health office.

2. Please have them signed and returned by _____ to teacher _____

We need advance notice so that we can prepare for the trip. If your child obtains a new prescription the week of the trip, please inform the health office as soon as possible.

Call _____ if you have any questions.

Student Name _____ Date of Birth _____ Ht _____
Wt _____

Address _____ Home
Phone _____

Physician's Name _____
Phone _____

Health Insurance _____ Policy# _____
Group# _____

Medicaid # _____

Emergency Telephone Numbers:

Please make sure that we have a number where we can contact you should your child become ill or need your assistance during the trip.

Mother's Name _____ Home# _____ work# _____ cell _____

Father's Name _____ Home# _____ wk# _____ cell _____

Guardian _____ Home# _____ wk# _____ cell _____

Other Contact _____ Home# _____ wk# _____ cell _____

MEDICATIONS:

____ No, my child will not be taking any medication

____ Yes, my child will require medication during the field trip. (refer to medication permission form)

Students must understand that they are assuming the responsibility for going to the adult in charge of medication at the designated time for their medication.

Date of last tetanus shot _____

Please list any significant health problems this student has that the staff should be made aware of. For example: asthma, heart condition, emotional, or other diagnosed health concerns. List the health concern, what to expect, and what we can do:

List any **Allergies:**

FOOD _____

DRUG _____

ENVIRONMENT/INSECT/TYPE _____

Action plan on file? yes ____ no ____ If not, what type of reaction should be expected? What course of action should be taken in the event of a reaction?

Does your child have any fears or restrictions we need to be aware of on this trip?

Any information helpful to teachers regarding your child (bedwetting, sleepwalking, homesickness, etc.) and how would you prefer we handle it? _____

In the event your child becomes ill or injured while on the field trip, you will be contacted and will need to make arrangements to have your child transported home.

Staff will be unable to transport students due to supervisory responsibilities of students throughout the entire event. If your child needs emergency medical attention, it is District policy that any costs incurred are the responsibility of the parent / guardian.

I give permission for school personnel to seek emergency medical attention in my absence.

Signature of Parent/Guardian _____ **Date** _____

*Thank you for your help in making this a safe, healthy, and fun trip for all the students.