HEALTH INFORMATION & MEDICATION ACKNOWLEDGEMENT

Important Health Information:

☐ If your child has an allergy which necessitates an EpiPen, they will be required to show the teacher or nurse the EpiPen prior to departing for the field trip. If they do not have their EpiPen they will not be able to attend the field trip. It is the responsibility of the student to carry the EpiPen with them throughout the field trip.

☐ If your child has asthma requiring an inhaler it is the responsibility of the student to carry the inhaler with them throughout the field trip.

☐ If your child has diabetes the student will be required to check in with the nurse prior to departing for the field trip.

Other current medical condition(s) that the instructor should be aware of:
_____

If your child requires medication during a field trip you may attend the field trip in order to administer the medication. If you cannot attend the field trip, the Minuteman School Nurse has permission from the Massachusetts Department of Public Health to train a teacher to administer the medication on a field trip with the following conditions:

☐ **A parent/guardian must contact the nurse if medication is required during a field trip/project.**
☐ **A parent/guardian must provide the medication in a labeled pharmacy prescription bottle.**
☐ **A parent/guardian must provide a completed Medication Permission Form located on the Nurse's website at minuteman.org for each medication.**
☐ **Please provide only the exact amount of the medication needed.**
☐ **All medications need to be delivered to the nursing office at least 2 days prior to field trip by a parent/guardian.**

By signing below, I acknowledge that I have read the above important health information and I understand the conditions for medications on field trips/projects.

Parent Signature: _____ **Date:** _____
If you have any questions or concerns, please call 781-861-6500 or email nurse@minuteman.org

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____
Relation to student: _____
Contact Phone Number: (_____) _____- _____ (Home)   (Cell)   (Work)

In the event a parent/guardian cannot be reached, please list one alternate contact:
Name: _____
Relation to student: _____
Contact Phone Number: (_____) _____- _____ (Home)   (Cell)   (Work)

This form will be kept with the instructor for the duration of the field trip/project.