

School-Related Student Trip Permission Slips and Medical Release Form

Student's Name _____
Last Name *First Name* *Middle Initial*
 School Year _____ School _____ Grade _____

Mark if trip is: OVERNIGHT OUT OF STATE Sports Team or Group/Club Events

Trip/Team/Group/Club: Details: _____

List Student's **Known Allergies:** _____

List Student's **Health Conditions:** _____ IHP on file in health unit

List all medications (prescription and over the counter--OTC) that student takes at home and during the school day. Include as-needed any emergency medications. **The parent/guardian is responsible for providing medications for all off campus trips/events, including weekend events, overnight and out of state trips.**

*Medication Name (on label or box)	Dose Ordered	Time(s) Ordered	Taken @ School	Taken @ Home	**Written Authorization to Carry and Self-Administer?

(Add additional information on the back of form if necessary)

*All medications must be in the original container. Medications not authorized for student to carry and administer must be given to the staff member designated to provide health services or the supervising teacher/sponsor/coach for proper storage.

**For student to carry and self-administer: Prescription meds must have written authorization of prescribing healthcare provider and OTC medications must have written approval of parent/guardian.

UTILIZED FOR OVERNIGHT/OUT OF STATE FIELD TRIPS ONLY

STUDENT'S HEALTHCARE PROVIDER: _____ **TELEPHONE:** _____

STUDENT'S HEALTH COVERAGE: _____

(A copy of the student's health coverage/insurance may be attached if preferred.)

All transportation, fees, and details associated with this trip have been explained to me by the trip sponsor. I, the legal parent/guardian of the above named student, hereby give permission for my child to participate in the above-mentioned school-related student trip(s). All health information provided by me to the school for this field trip is correct and accurate to the best of my knowledge. I authorize trained school personnel to assist my child with his/her medication as my child's healthcare provider or I have directed if needed. In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to have my child transported by EMS to the nearest hospital and authorize treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date

Parent/Guardian telephone/contact information: _____

Please return this form to your child's teacher/coach/sponsor.