

BROWNSBURG COMMUNITY SCHOOL CORPORATION
OVERNIGHT FIELD TRIP MEDICAL CONSENT FORM

STUDENT NAME: _____ DOB: _____

ALLERGIES: _____

MEDICAL ISSUES WE SHOULD BE AWARE OF: _____

INSURANCE INFORMATION: _____

HOSPITAL PREFERENCE: _____

Parent/Emergency contacts:

Name	Relationship	Phone number	Alternate Phone Number

Medication to be given on the trip:

Medication	Dose	Route (example: oral)	Time of day taken

*Only supply the trip supervisor with the number of pills needed for this trip in the student's prescription bottle.

Special Instructions (including any special storage requirements and note any side effect(s) of which the school should be aware)

*All medications must be sent in original containers with student's name and dosage information clearly labeled.

*If the medication is an emergency medication that student self-carries and/or self-administers, a completed Hold Harmless Form with written physician authorization must be on file with the school nurse.

Stock Medications:

Field trip supervisors will have Tylenol, Ibuprofen and Tums that may be given as needed if the child has permission.

- ☐ I give permission for my child to take Tylenol as appropriate by age
 - Initial Here: _____
- ☐ I give permission for my child to take Ibuprofen as appropriate by age
 - Initial Here: _____
- ☐ I give permission for my child to take Tums as appropriate by age
 - Initial Here: _____

Parental Consent and Waiver of Liability

I understand that every effort will be made to contact parents/guardians in the event of an emergency. In an emergency requiring medical care and treatment, I hereby authorize any physician, hospital, or other healthcare provider to give such care to this student. I also hereby give permission for the transport to/from the treatment location by a BCSC staff chaperone or ambulance.

I do hereby release, discharge, and hold harmless the Brownsburg Community School Corporation, its agents and employees, from any and all liability and claim either we or our child may suffer as a result of these requests for medication and emergency treatment. I am aware that non-medical BCSC staff chaperones may be administering the requested medication(s) to my child.

The undersigned has read this Medication and Medical Authorization Consent Form and declares and affirms consent to the contents herein stated. By my signature below, I acknowledge any agreements I made to restrict my protected health information do not apply to this authorization and I instruct school and its personnel to release and disclose my entire medical record without restriction to any necessary healthcare provider to provide medical treatment, supplies, or services to the above student. I understand and agree any protected health information and student records will be used for medical diagnosis, treatment, care, and services. The authorization will be valid for the duration of trip. A photocopy of this authorization will be as valid as the original.

Parent/Guardian Name

Relationship

Parent/Guardian Signature

Date