



ANNUAL FIELD TRIP PARENTAL AUTHORIZATION FORM

Student Name _____ School _____ Grade _____

***Teacher/Leader to notify parent of each field trip, destination, date/time, transportation, cost, lunch plans ***

Parent to notify Health Office of any new health information and needs

Emergency Information

Parent/Guardian _____ Home Phone _____ Work Phone _____

Relative, friend or neighbor _____ Relationship _____

Address _____ Phone _____

Physician _____ Phone _____

Insurance Company _____ Policy # _____

Does your child have special health problems or handicapping conditions, which will require individual monitoring or supervision on this field trip? Yes No (If yes, specify): _____

Health History Information: Please check all that apply

Allergies (specify): _____

Drug _____ Food _____

Insect Sting _____ Other _____

Sensitivity to Poison Ivy, Sumac or Oak _____ Date of last Tetanus shot _____

Epi-pen? Yes No Asthma inhaler? Yes No

Diabetes ADHD Seizures Concussion Stomach Ache

Sleep concerns Headaches Heart Condition Anxiety Depression

Is there any reason to limit your child's activity? Yes No If yes, please explain: _____

Has your child been recently exposed to any communicable diseases? Yes No If yes, please explain: _____

Please describe any other special medical conditions, information or directions: _____

Is your child currently taking any medication? Yes No (If yes, specify): _____

If your child requires ANY MEDICATION on the Field Trip, the medication section must be completed with parent and physician signatures, unless you already have parent and physician signatures on file for each medication for the current school year. All forms are due at least 3 weeks prior to the field trip.

Rules and Authorization – Parent & Student to Sign

Students must understand and observe and parents must support the following:

All school district policies and regulations will be in effect. Infractions of School District, Minnesota State High School League, and or team/group policies and regulations or misconduct during a trip will result in disciplinary measures. These measures may include the student being sent home from the field trip at the parent/guardian's expense.

I, the student, have read and understand the above rules and possible disciplinary measures.

Student Signature: _____ **Date:** _____

I, the parent/guardian of the above named student, have read, understand and approve of the rules. I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the children during the trip will be taken.

In the event of a major medical emergency, 911 will be called for an ambulance to transport your child to the nearest hospital. Parents/Guardians will be notified as soon as possible. The cost of the ambulance service, if they deem it necessary to transport your child, will be covered by the parent/guardian.

I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the children during the field trip will be taken. Beyond this we will not hold the school or those supervising the trip responsible. I give permission for him/her to participate on the field trip and will assume full responsibility for any and all medical expenses incurred during the trip.

Parent/Guardian Signature: _____ **Date:** _____

MEDICATION AUTHORIZATION FOR FIELD TRIPS

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and nonprescription medication. It is important for you to know that the school nurse or health office staff does not accompany students on field trips. The student's teacher will be responsible for storing and administering medication on the field trip. Exceptions may be made for students with rescue asthma inhalers, emergency epinephrine, and/or OTC plain acetaminophen or plain ibuprofen (secondary students only) who have consents on file in the Health Office to self-carry and administer their medications.

- Prescription medication MUST come in the pharmacy labeled container with student's name, pharmacy and telephone number, name of physician, drug name, dosage and time to be given. Nonprescription medication MUST come in its original container and be labeled with the student's name.
- Parent/Guardian is responsible for bringing the medication and giving it to the school nurse at least one day prior to the field trip. Send only the amount needed for the length of the field trip.

Name of student _____

Name of medication _____ If an inhaler, is it a self-carry inhaler Yes No

Amount (Dose) of medication _____

Time(s) to be administered _____

Parent/Guardian Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____