



Overnight Field Trip Authorization and Personal Health History Form

This information and consent form apply to the following field trip:

Destination _____ Teacher/Team _____

Date of Trip _____

Name of Student _____

Parent/Guardian _____ Phone _____

Other emergency contact: _____ Phone _____

Insurance Company: _____ Policy # _____

Allergies: (Check all that apply)

Food (list & describe reaction)

Medication (list & describe reaction)

Bee Stings (list & describe reaction)

Seasonal (list & describe reaction)

Other explain: _____

Does student have a history of: (Check all that apply and add an explanation)

Asthma

Musculoskeletal disorder

Heart defect/disease

Constipation

Bedwetting

Seizures

Menstrual cramps

Diabetes

Bleeding disorder

Sleep disturbance

Emotional or psychological condition

Wears glasses

Fainting

Wears contacts

Other health condition(s) or physical handicap

Hearing Impairment

Explain health conditions checked above:

Does your student have any physical limitations or sports restrictions? ___ If yes, please explain:

Does your student have any diet restrictions? ___ If yes, please explain: _____

Does your child require medication for the overnight trip? ___ If yes, complete the back side.

In order to administer medication (prescription or over-the-counter) on the field trip, the back of this form which includes parent signature and written physician's order must be completed. This completed form must be returned to ***school 5 days prior to departure date*** with parent and physician signatures. If an inhaler, Epi-pen, or insulin is ordered, please indicate if the student can self-carry. If the school already has orders for medication, then a physician's signature on this form is not necessary. Please contact the school nurse ***5 days prior to departure date***. In the event of a medical emergency, 911/Emergency Medical Services will be called and the student will be transferred to the nearest medical facility.

Parent/Guardian Signature

Date

School Nurse Signature

Date



Medication Authorization for Overnight 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 non-prescription medication. The school nurse does not usually accompany students on field trips. The district's designated staff member will be responsible for storing and administering medication on the field trip. Exceptions are made with parent/school nurse consent for students with inhalers, Epi-Pens, Insulin, or other medication deemed necessary for Life-Threatening conditions to self-carry and administer.

Any prescription or nonprescription medication sent on the field trip must include:

1. Original labeled container
2. An order from the physician
3. Written parent permission

Parent/Guardian is responsible for bringing and giving the medication to the school nurse or teacher prior to departure. Send only the amount needed for the field trip. If school already has permission to give the medication and the times to give are the same, then a new signed form from the physician is not necessary.

Please contact the School Nurse 5 days in advance to make arrangements for meds from school to be sent on the trip. The following must be completed in order for medication to be administered on an overnight field trip:

Name of Student _____

Name of Medication _____ Dosage _____ Time to be given _____

Name of Medication _____ Dosage _____ Time to be given _____

Name of Medication _____ Dosage _____ Time to be given _____

Is your student able to self-carry Emergency Medication (Inhaler, Epi-Pen, Insulin) Circle One: **Yes** or **No**

Parent/Guardian Signature

Date

Physician Signature

Date

Parents who plan to accompany their child on the Field Trip should complete this form and return it to school, as requested, but do not need a physician signature for medications they plan to administer themselves.

_____ Initial here if you plan to accompany your child and be responsible for your child's medical needs on this Field Trip.