

**CHERRY HILL PUBLIC SCHOOLS
FIELD TRIP MEDICAL FORM**

Student Name:	DOB:	Grade:
Destination:		Date(s) of Trip:

Your child's class will be away from school on a field trip on the date indicated above. According to the Cherry Hill Public School Administrative Policy 5330, medication **MUST be administered by a Certified/Non-certified/Substitute School Nurse**. Every effort is made to secure a substitute nurse for each school trip. However, it is possible that a substitute may not be available. Please read the information below carefully. If your child is not taking any medication, please indicate below. **If your child takes medication during the school day, please indicate if the dose may be withheld or if it should be given by the nurse on the trip.** Should a nurse not be available, your school's nurse will notify you.

Please note: Healthcare provider's order and/or proper paperwork MUST be on file with the school nurse for all medications. Acetaminophen/Ibuprofen can be administered provided that the parental consent form is on file for this school year.

- No medication is needed
- My child's school dose of _____ may be given by the nurse. In the event that a nurse is not available, the dose ***may be withheld.***
- My child's school dose of _____ may be given by the nurse. In the event that a nurse is not available, the dose may be ***given upon return.***
- I am available to serve as a chaperone on this trip if needed and could dispense medication to my child.
- My child has **asthma** and the **nurse** will carry my child's inhaler. ***(Asthma plan must be on file)***
- My child has **asthma** and will **self-carry** an inhaler for this trip ***(Asthma plan with self carry authorization must be on file)***
- My child has a life-threatening **food allergy**. The nurse or delegate will carry my child's epinephrine ***(An anaphylaxis plan must be on file)***
- My child has a life-threatening **food allergy** and will **self-carry** their epinephrine for this trip ***(Middle School & High School only. An anaphylaxis plan with self carry authorization must be on file)***
- My student is using a brace, cast, boot, or wheelchair due to an upper/lower extremity injury or any reason that currently restricts them from physical education/activity. I have provided the nurse with medical clearance and any required accommodations. ***This must be turned in and arranged prior to the morning of the trip. It may not be possible to make last minute accommodations.***

I understand that if my child becomes ill or injured during this trip, school personnel will attempt to contact me or one of the emergency contacts. If I or any of the emergency contacts cannot be reached, I understand and agree that my child will be taken to a medical facility for medical evaluation and treatment if necessary. I further agree to indemnify and hold harmless the Cherry Hill Public School District, School Board, employees, and chaperones for any injury that may occur to my child which is not the result of action or inaction by the listed representatives.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Parent/Guardian #1:	Phone#:	Phone#:
Parent/Guardian #2:	Phone#:	Phone#:
Emergency Contact:	Phone#:	Phone#:
Student's Cell:		

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