

School Field Trip Permission Form
Health Information/Emergency Procedure

The information you provide on this form will be handled in a confidential manner and shared only with staff as necessary to maintain your child's safety.

Student Name _____ Date of Birth _____

Parent/Guardian _____ Primary Phone _____
Alternate Phone _____

Emergency Contact:

Name _____ Relationship to Student _____ Phone _____

Student's Primary Health Care Provider _____ Phone _____
Insurance Company _____ Policy # _____

MOST RECENT HEALTH INFORMATION **

Health Conditions/Recent Surgery:

Allergies (describe typical reaction):

Dietary Restrictions (please explain):

Activity Restrictions (please explain):

Any other health concerns which may need consideration while on the field trip? (please explain)

MEDICATIONS

* **Non-emergency prescription medications** must be provided to the trip leader in the original prescription container clearly labeled with the student's name, medication, dose, time, prescribers' information - to be administered by trip leader to student at designated time. For additional Medications please document on back of form.

Medication _____ Dose _____ Time _____

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* Students may carry the following **prescribed emergency medications** on the field trip. Please note, students are expected to bring these prescribed medications to ensure their safety and **will not be eligible to attend if they do not.**

EpiPen _____ Asthma Inhaler _____ Diabetic Supplies _____ Other _____

* I give permission for the following **over-the-counter medications** to be given to my student: (check all that apply)
___ Tylenol/acetaminophen ___ Benadryl ___ Tums ___ Ibuprofen ___ Cough drops ___ Phenylephrine/decongestant

You have my permission to assist/supervise my child in taking the medications listed/checked above. In case of accident or serious illness, I request that you contact me or the person whose name I have listed. I authorize school personnel to take emergency action, which may include making provisions for the transportation of my child to the hospital for treatment. I agree to release the School District from all liability related to the treatment of my child in an emergency. In addition, I agree to pay for all medical services for my child, and promise to hold the School District harmless from any liability for such services.

Parent/Guardian Signature _____ Date _____

** This information has been updated in PowerSchool. Parent/Guardian initials _____ Date _____