

FIELD TRIP MEDICAL FORM

ALLERGIES:

_____ My child has no food allergies, sensitivities or restrictions.

_____ My child has the following food allergies/sensitivities/restrictions:

PERMISSION FOR PRESCRIPTION MEDICATION:

_____ My child has medication prescribed by a physician as listed below:

Medication	Dosage	Time to be given

Parent's Signature _____ Date _____

PERMISSION FOR NON-PRESCRIPTION MEDICATION: (parent's signature needed below)

In the event my child experiences any minor aches or pains, (i.e., headache, injury or fever, etc.); I give permission for the following to be administered as needed:

Paracetamol _____
(headache/fever)

Loratadine _____
(allergy)

Smecta _____
(diarrhea)

Over the counter medication, not ordered by a doctor, will be administered per label instructions by age/weight.

Parent's Signature: _____ Date: _____

My signature above indicates authorization for the attending staff member to administer all medication listed above in the absence of the RN. I understand that the school and all employees shall incur no liability arising from medication administered.

Please Note:

1. Medications must be in their **original containers**, marked with the child's name, and given to the teacher.
2. Please be aware that the medications listed on this form will be the only ones given by the school staff.
3. Students may not carry medication at any time (for example: aspirin, motion sickness pills, cough medicine, etc.), unless pre-approved by school.

SELF-MEDICATION RELEASE

FOR FIELD TRIP USE

(This form is for students requiring inhalers or bee sting kits.)

Students requiring inhalers for asthma and auto-injectors (EpiPen) for emergency use are permitted to self-carry these medications on field trips. These medications will remain with the student at all times during the trip.

Please complete this form:

We request that (child's name) _____ be permitted to carry the following on her/his person:

_____ **inhaler** **Type of Inhaler:** _____
_____ **EpiPen**

She/he has been instructed in and understands the medication's purpose, frequency, and appropriate method of use.

As I consider my child responsible, I will not hold trip personnel responsible for any problems that may arise with regards to my child's self-administered medication.

Parent's Printed Name

Parents Signature

Date: _____