

FIELD TRIP MEDICAL UPDATE AND PERMISSION FORM

Student Name _____ Date of Birth _____
Address _____ Home Phone _____
Parent/Guardian _____ Work Phone _____
Cell Phone _____

1. Does your child have any health issues or needs, which may require consideration on the field trip? (Circle one) YES NO
2. If yes, explain:

Allergies to: _____
_____ Parent will send student with an Epi-Pen

_____ Asthma
_____ Parent will send student with an inhaler
_____ Please take the inhaler from the school nurse's office
_____ The inhaler medication is _____
and should be used as follows:
Time: _____ Dose: _____
Time: _____ Dose: _____

_____ Other: _____
_____ The medication is _____
and should be given at the following times:
Time: _____ Dose: _____
Time: _____ Dose: _____
_____ Parent will give the teacher appropriate doses of medication
in the original prescription container
_____ I have provided a single dose in a prescription container to
the school nurse for field trips. Please obtain it from her/him.

You have my permission to assist/supervise my child in taking the medications listed/checked above. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. You have my permission to obtain any emergency care necessary to ensure my child's well being while on the field trip.

Signature Date