



Student Health & Medication Authorization Form

For Field Trips

Complete all sections of this form and submit to the teacher responsible for dispensing medications while on this trip.

Student Health Information (please print).

Student's Name: _____ ID# _____

Birthdate: _____ M ___ F ___

Grade: _____ Teacher: _____

Does your child have ANY history of ... (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Physical Impairment |

Give details: _____

Does your child ... (check all that apply):

- | | |
|---|-----------------|
| <input type="checkbox"/> Use an inhaler | Frequency _____ |
| <input type="checkbox"/> Use an EpiPen | |
| <input type="checkbox"/> Take prescribed medication(s) routinely | |
| <input type="checkbox"/> Require special seating in the classroom | |
| <input type="checkbox"/> Have any condition that limits participation in P.E. | |

Give details: _____

Did your child receive any immunizations this past year?

Y N Type/Date: _____

Date of last tetanus shot: _____

Medication Authorization (please print) Name only the medication you are sending on this trip. You will need to complete this form for each medication being sent.

Student's name: _____

Condition requiring medicine: _____

Name of medicine: _____

Storage requirements: None Refrigerate

Dosage: _____

Instructions: _____

Possible side effects: _____

Physician: _____

Physician phone: _____

Parent/Guardian: _____

Parent/Guardian phone: _____

I authorize the principal or his/her designee to give medicine to my child according to the stated directions.

Parent/Guardian Signature _____ Date _____

I authorize the principal or his/her designee to contact my child's physician if additional information regarding medication is needed.

Parent/Guardian Signature _____ Date _____

The principal or his/her designee will dispense medicine to students according to the following guidelines:

Medicine cannot be given without written permission and instructions from the parent/guardian. A new Medication Authorization must be completed whenever a new medicine or dosage is to be given to the student.

The parent/guardian must bring medicine and related equipment to the designated teacher. Students must not be in possession of medicine. All medication must be kept in the possession of said designee.

Prescription medicine must be in the original labeled container. Over-the-counter medicine must be in the original container and marked with the student's name.

If students are injured or become ill while on the trip, the designee will attempt to notify parents/guardians and act according to the parent's/guardian's directions. If parents/guardians cannot be reached, the designee will take the actions necessary to protect the health and well-being of students.



Student Health & Medication Authorization Form

For Field Trips

Complete all sections of this form and submit to the teacher responsible for dispensing medications while on this trip.

Student Health Information (please print).

Student's Name: _____ ID# _____

Birthdate: _____ M ___ F ___

Grade: _____ Teacher: _____

Does your child have ANY history of ... (check all that apply):

- Allergies
- Asthma
- Food Allergies
- Seizures
- Diabetes
- Cancer
- Sickle Cell Disease
- Physical Impairment

Give details: _____

Does your child ... (check all that apply):

- Use an inhaler Frequency _____
- Use an EpiPen
- Take prescribed medication(s) routinely
- Require special seating in the classroom
- Have any condition that limits participation in P.E.

Give details: _____

Did your child receive any immunizations this past year?

Y N Type/Date: _____

Date of last tetanus shot: _____

Medication Authorization (please print) Name only the medication you are sending on this trip. You will need to complete this form for each medication being sent.

Student's name: _____

Condition requiring medicine: _____

Name of medicine: _____

Storage requirements: None Refrigerate

Dosage: _____

Instructions: _____

Possible side effects: _____

Physician: _____

Physician phone: _____

Parent/Guardian: _____

Parent/Guardian phone: _____

I authorize the principal or his/her designee to give medicine to my child according to the stated directions.

Parent/Guardian Signature _____ Date _____

I authorize the principal or his/her designee to contact my child's physician if additional information regarding medication is needed.

Parent/Guardian Signature _____ Date _____

The principal or his/her designee will dispense medicine to students according to the following guidelines:

Medicine cannot be given without written permission and instructions from the parent/guardian. A new Medication Authorization must be completed whenever a new medicine or dosage is to be given to the student.

The parent/guardian must bring medicine and related equipment to the designated teacher. Students must not be in possession of medicine. All medication must be kept in the possession of said designee.

Prescription medicine must be in the original labeled container. Over-the-counter medicine must be in the original container and marked with the student's name.

If students are injured or become ill while on the trip, the designee will attempt to notify parents/guardians and act according to the parent's/guardian's directions. If parents/guardians cannot be reached, the designee will take the actions necessary to protect the health and well-being of students.