OUT OF TOWN AND/OR OVERNIGHT

ITHACA CITY SCHOOL DISTRICT
FIELD TRIP MEDICAL INFORMATION

Student Name_____ Birth date_____
Home Address_____ Home Phone_____
Parent/Guardian Name_____ Work Phone_____
Parent/Guardian Name_____ Work Phone_____
Lives with: _____ Phone_____
Sponsoring Teacher(s) **Karen McCaffery** Date(s) of Trip: **4/21/2015**

Names of two friends, relatives or neighbors that can be contacted if parents are not available during an emergency:
Name_____Home Phone_____ Work Phone_____
Name_____Home Phone_____ Work Phone_____

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1) I state, as the child's parent/guardian, that the only major illness, injury, surgery or allergy including chronic conditions sustained by my child are as follows:_____
_____
_____
_____
_____
2) I understand it is my full responsibility as parent/guardian to advise the medical office in writing of any changes in my child's health status prior to the trip.

NO MEDICATIONS, INCLUDING ALL OVER-THE-COUNTER- MEDICATIONS MAY BE GIVEN TO YOUR CHILD ON A FIELD TRIP WITHOUT WRITTEN PERMISSION OF THE PARENT/GUARDIAN AND A PHYSICIAN'S SIGNED MEDICATION ORDER.

If you have a current medical order on file at the Nurse's Office, this can be attached to the field trip form. *Any new medicine needs a written and signed order from a Doctor and a signed permission from a parent/guardian. You must indicate if the student can self-medicate. Medical forms are available in the Nurse's Office.*

3) My child will be taking:

Med_____ dose_____ frequency_____
Med_____ dose_____ frequency_____
Med_____ dose_____ frequency_____
Permission to self-carry and self-medicate: YES _____ NO _____

IF EMERGENCY TREATMENT IS NECESSARY, YOUR CHILD WILL BE TRANSPORTED BY THE STAFF OR AMBULANCE TO THE NEAREST HOSPITAL. PARENTS/GUARDIANS WILL BE CONTACTED AS SOON AS POSSIBLE IN CASE OF SICKNESS OR ACCIDENT.

I GIVE PERMISSION FOR THE ATTENDING PHYSICIAN TO GIVE EMERGENCY TREATMENTS TO MY CHILD.

PARENT/GUARDIAN SIGNATURE _____ DATE