South Brunswick High School

Overnight School Activities Medical Permission and Health Form gw3/09

<u>Notes to Trip Coordinator:</u>
~ Completed forms must be reviewed by nurses 2 weeks prior to trip. All forms will be returned to you.
~ Consult with nurse as soon as possible on all trips of extended duration or distance.
~ Additional trip information and/or a "Field Trip Permission Form" should accompany this form.
~You must take all forms and copies of insurance cards with you on the trip in case of emergency.

To provide for the safety and well-being of your child, answer the information below completely.

Trip Coordinator ________________________________ Trip Date(s) ______________________

Date this form is due to Trip Coordinator ______________________

Student Name ____Grade_________________

Address ____ Date of Birth _________________

Parent/GuardianNames____

Home Phone_______________________________ Cell Phone__________________________________

Second Contact Name ________________________ Home Phone_____________ Cell Phone __________

Student's Physician_____________________________ Phone ____________________________________

Is student covered by health Insurance? **NO**____ **YES**____ Subscriber's Name __________________________

►►► **YOU MUST ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD TO THIS FORM**.

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MEDICATION (including over the counter) **NEEDED ON TRIP? YES**_____ **NO**_____

All medications (including over the counter) must have a <u>DOCTOR'S NOTE</u> and be in the <u>ORIGINAL PHARMACY CONTAINER</u>

Medication __________________Reason ____________________Dosage ___________Time__________

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Does your student use an EPIPEN? Yes ______ No _______

***Can your student be given?** Tylenol______ Advil______ Benadryl ______

*Please note that **these medications can only be given if a district designated registered nurse is on the trip** per the district medication policy which states, "In accordance with State law, only a school nurse or a student's parent may administer medication in schools or on a trip. Written parental permission and a physician's order are needed for medications administered at school or on a trip. Emergency medication (i.e.: EpiPen injection or asthma inhaler) may be self-administered by a student, providing there is parental and physician permission on file."

CONTINUED……

ADDITIONAL INFORMATION

1 Are there any restrictions in your child's physical activity?
Explain____

2. Does your child have a seizure disorder? Date of last seizure___________________________
What kind? ____
How often do seizures occur? ____
Treatment____

3 Does your child have any allergies (plant, animal, food or medication) or dietary restrictions? Explain and identify any treatment required ____
____

4 Are there any conditions which may need consideration such as chronic physical conditions, particular fears, sleepwalking, motion sickness, etc? In order to keep your child safe and protect him/her from embarrassment, please contact the School Nurse for management plans.
____
____

5. Please list any serious illness, injury or surgery your student has had in the past 3 years:
____

6. **Date of Last DT Booster ____________________________**

7. Additional Remarks or Instructions:
____
____

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- o I hereby give permission for school district staff to transport my child to or from a doctor and/or hospital for emergency treatment. I also give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment.
- o I understand that if there is a pool on premises, child must abide by hotel/lodging rules and regulations regarding the use of the pool and surrounding area and that these pools are not likely to have a lifeguard on duty. I understand that the use of the pool is at my child's own risk.
- o I understand that all school rules apply during this trip/activity.

Parent/Guardian Signature_____________________________________ **Date**__________________

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