

Mohonasen High School Grades 9-12 Field Trip Form

Name of Trip: _____ **Date and Times:** _____

Student Name _____ **Grade** _____ **Teacher** _____

Emergency contacts during hours of this trip:

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Primary Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

Does your child have any allergies (including medication)? _____

Is your child currently taking medication? Yes ___ No ___

If YES, Name of medication _____ **Reason for taking** _____

Will your child need this medication during the hours of this field trip? Yes ___ No ___

YES ___ NO ___ My child is self-directed and is capable and competent to understand and correctly administer the medication to him/her at the correct time and is responsible to ask the chaperone for the medication.

► If your child is self-directed and normally takes this medication during the school day and a physician order is on file in the nurse's office your child will receive this medication on this field trip as warranted.

► If your child does not normally take medication at school but will need to take medication during this trip please attach to this form a written physician order and parent consent and bring the medication in a pharmacy labeled container to the school nurse at least 3 days before the trip.

* My child has permission to take Acetaminophen (Tylenol) for pain or discomfort if deemed appropriate by the school nurse only when she is in attendance during the field trip. Yes ___ No ___

ALL MEDICATION WILL BE IN THE POSSESSION OF A CHAPERONE EXCEPT FOR ASTHMA INHALERS AND EPI-PENS WHICH NEED TO BE CARRIED BY THE CHILD DURING THE TRIP

If there are any other medical issues/concerns the chaperones need to be aware of please provide details _____

If requested, I would be a chaperone on this trip. Yes ___ No ___ Phone _____

I, as Parent/Guardian give the above named student permission to go on this trip. In my absence and if I cannot be reached in the event of an emergency, I being the parent/guardian of the above minor does hereby give permission for any emergency medical, dental or surgical care to be given. I assume all responsibility for this designation and hold the school district harmless from any liability that may result from this designation.

Parent/Guardian Signature _____ **Date** _____

This form to be returned to the nurse 1week prior to large group trips and 3 days for all others