

# Draper Field Trip Permission/Medical Information Sheet

**TRIP:** \_\_\_\_\_

**Student** \_\_\_\_\_ **Team** \_\_\_\_\_

*Name of persons to call in case of an emergency during hours of this trip*

*Name* \_\_\_\_\_ *Relationship to student* \_\_\_\_\_

**Phone #** to call during hours of fieldtrip \_\_\_\_\_

*Name* \_\_\_\_\_ *Relationship to student* \_\_\_\_\_

**Phone #** to call during hours of fieldtrip \_\_\_\_\_

**For medical personal should there be an emergency situation:**

**Health concerns:** \_\_\_\_\_

**Daily medications:** \_\_\_\_\_

## Medications which may be needed on this field trip:

All medication you list below must have a CURRENT doctor's order on file in the nurse's office\*

**Asthma inhaler** \_\_\_\_\_ *Inhalers should be in the possession of the student during the trip. They are responsible for remembering to carry it with them and returning it to school.*

**Benadryl** \_\_\_\_ for \_\_\_\_\_ **Epi Pen** \_\_\_\_ for \_\_\_\_\_

**Pain reliever** for \_\_\_\_\_ **Other** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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

*Does your child know what medication they are taking, when to take it, why they need it and how to take their medication? Yes \_\_\_\_ No \_\_\_\_.* If yes, you are indicating that they are "**self-directed**". Your child will be responsible to remember to ask a chaperone or nurse (if attending) for their prescribed medication.

**I** ( name of parent or guardian) \_\_\_\_\_ (relation to student) \_\_\_\_\_ **give the above named student permission to go on this trip. I will \_\_\_\_ will not \_\_\_\_ be in attendance.**

*In my absence and if I cannot be reached in the event of an emergency, I being the parent/guardian of the above minor do hereby give permission for any emergency medical 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** \_\_\_\_\_