

# 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 # \_\_\_\_\_

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**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 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 or a new unopened labeled bottle (over the counter medication) 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, EPI-PENS AND DIBETIC SUPPLIES 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*