

Clinton Public Schools Short-Term Field Trip Medical Information Form

Dear Parent/Guardian:

In anticipation of your child's upcoming field trip, please provide the following information. Your signature gives permission for your son/daughter to attend the field trip.

Student's Name _____ Grade/HR _____ Date of Birth ____/____/____
Address: _____ City: _____ State: _____

In compliance with the Clinton Schools policy, no student is allowed to carry any form of medication except life-threatening medication (inhalers, Epi-pens, Insulin). Arrangements for transport of medication essential to your student's health MUST be made with the school nurse.

Parent/Guardian of student requiring daily medication must check one of the following:

1. ☐ I understand that my son/daughter will omit his/her daily scheduled medication on the day of field trip
2. ☐ My son/daughter may take his/her regularly scheduled medication upon returning to school.
3. ☐ I will accompany my son/daughter on the trip and will administer his/her medication.
4. ☐ In keeping with the Mass DPH medication delegation regulations, the school nurse will designate a responsible adult who will accompany the class trip, to give the prescribed medication at the appropriate time. The school nurse will prepare the medication in a labeled envelope with the child's name, medication, dosage and time of administration.

The following information will be supplied to all students attending this field trip:

A parent/guardian can be reached at the following telephone numbers on the day of the trip:

Mother/Guardian _____ Home _____ Cell _____ Work _____
Father/Guardian _____ Home _____ Cell _____ Work _____

Person to call if Parent/Guardian cannot be reached:

Contact #1 _____ Phone # _____
Contact #2 _____ Phone # _____
Doctor _____ Phone # _____
Health Insurance Provider _____ Policy # _____

Please circle all the following that currently apply to your child:

Allergies (food/bees/etc) _____ Epi-pen needed Yes/No (you need to provide)
Heart Condition Diabetes Asthma Seizure Disorder ADD/ADHD Migraines Depression
Freq Ear Infections Kidney Disease Rheumatic Fever Other _____

In case of illness/emergency, I authorize the officials of the Clinton Public Schools to contact directly the persons named on this form. In the event, parents, physician or other contact persons cannot be reached, the school officials are authorized to take whatever action is deemed necessary for the health and safety of my child. I also give permission for my child to be taken to the hospital and treated in case of emergency. I give the school nurse permission to share the above informative for this field trip.

Parent/Guardian Signature _____ Date _____
School Contact Person (s) _____

**Please note: A nurse may not be on field trip for high school field trips. **