

BIG FOOT UNION HIGH SCHOOL DISTRICT
STUDENT OVERNIGHT FIELD TRIP HEALTH FORM

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

Emergency Contact 1: _____ Relationship: _____

Phone Number: _____ Alternative Phone Number: _____

Emergency Contact 2: _____ Relationship: _____

Phone Number: _____ Alternative Phone Number: _____

Health Insurance Carrier: _____ Policy/Group Number: _____

Student Health Information

Allergies: *Does your child have any allergies? List them below and describe their reaction:*

Health Conditions: *Does your child have any health conditions? List them below:*

Does your child have any physical limitations? YES / NO If yes, please explain: _____

Does your child have any diet restrictions? YES / NO If yes, please explain: _____

Medication(s):

- NO**, my child will not need any medication during the field trip
- YES**, my child will need medication but a parent will be chaperoning. The chaperoning parent will be responsible for administering and keeping the medication
- YES**, my child **will need** medication during the field trip (*back of this form must be filled out*)
- My child has an emergency medication form already on file with the school (*back of this form not required*)

Medication Name: _____	Reason for Administration: _____
Self-Carry: YES / NO	Self-Administer: YES / NO

In the event of a medical emergency, 911/Emergency medical services will be called and the student will be transferred to the nearest medical facility.

I have filled out the above health information to the best of my knowledge. I understand that the adult supervision on the field trip will act in my child's best interest and therefore do not hold the school or those supervising the trip responsible. I give consent for my child to go on this trip and therefore be treated by medical professionals in an emergency situation.

Parent/Guardian Signature: _____ Date: _____

BIG FOOT UNION HIGH SCHOOL DISTRICT
MEDICATION AUTHORIZATION FOR OVERNIGHT FIELD TRIPS

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

My child will require medication during the overnight field trip. I will provide the medication below in its original container and appropriately labeled. Prescription medication has been authorized by the prescribing physician.

Medication Name/Dosage: _____ Reason for Administration: _____
Administration Instructions (including as needed medication): _____
Possible Adverse Reactions/Side Effects: _____
For prescription medications only (must be filled out by prescribing physician): <input type="checkbox"/> This child has been provided adequate instruction and is both capable and of and responsible for self-administering and self-carrying this medication for the duration of the overnight field trip <input type="checkbox"/> I recommend that the above medication be kept and administered by a trained staff member for the duration of the overnight field trip Prescribing Physician: _____ Phone Number: _____ Physician Signature: _____ Date: _____

Medication Name/Dosage: _____ Reason for Administration: _____
Administration Instructions (including as needed medication): _____
Possible Adverse Reactions/Side Effects: _____
For prescription medications only (must be filled out by prescribing physician): <input type="checkbox"/> This child has been provided adequate instruction and is both capable and of and responsible for self-administering and self-carrying this medication for the duration of the overnight field trip <input type="checkbox"/> I recommend that the above medication be kept and administered by a trained staff member for the duration of the overnight field trip Prescribing Physician: _____ Phone Number: _____ Physician Signature: _____ Date: _____

I understand that Health Service staff do not routinely accompany students on field trips and that those supervising the trip will act in the best interest of my child. My child is knowledgeable about the medications listed above and will notify a supervising adult in the event of an adverse effect.

- I give my child permission to self-carry and self-administer their medication during the overnight field trip
- The medication above will be kept and administered by a supervising adult

Parent/Guardian Signature: _____ Date: _____