

ITHACA HIGH SCHOOL
FIELD TRIP MEDICAL FORM

IMPORTANT (For school staff in charge of trip): This form must be completed and signed by parent for all trips beyond the school day hours and/or beyond Tompkins County AND must be submitted to School Nurse 2 weeks prior to the trip.

Student Name: _____ Birthdate: _____

Home Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Cell/Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Cell/Home Phone: _____ Work Phone: _____

Sponsoring Teacher: _____ Date(s) of trip: _____ Times of trip: _____

Name of two friends, relatives or neighbors to contact if parents/guardians cannot be reached. (This is not required)

Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of child's health care provider: _____ Provider's phone number: _____

Known medical problems (i.e. illness, injury, surgery, chronic conditions): _____

Allergies (especially to food, medication, bee stings): _____

Special Dietary Considerations (vegetarian, gluten-free, etc): _____

(Attach additional pages if needed)

NO MEDICATION, INCLUDING OVER-THE-COUNTER MEDICATIONS MAY BE GIVEN TO YOUR CHILD OR CARRIED BY YOUR CHILD ON A FIELD TRIP WITHOUT WRITTEN PERMISSION OF PARENT/GUARDIAN AND A PHYSICIAN'S SIGNED MEDICATION ORDER/

Current medical orders on file with the school's medical office can be attached to this form. Any new medicine needs a written and signed order from a doctor with signed parent/guardian permission that indicates if the student can self-medicate.

Complete this if your child will be taking a medication:

Medication: _____

Medication: _____

PARENT/GUARDIAN PERMISSION:

I give permission to allow communication regarding my child's health & medical information between the school nurse and my child's health care provider as needed for the planning of this field trip. I agree to notify the school nurse if my child's health needs change before the trip. If emergency treatment is necessary, I understand my child will be transported by the staff or ambulance to the nearest hospital and I will be contacted as soon as possible in case of sickness or accident.

I further give permission for the attending physician to give emergency treatment to my child. I give permission for my child to go on this field trip.

Parent/Guardian signature

Date