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| **FIELD AND WALKING TRIP MEDICAL CONSENT FORM FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL YEAR**  Parents/guardians must complete and return this form to the school nurse at least 7 days before the first field trip or walking trip of each school year and update this form if their child’s medical condition changes   |  |  | | --- | --- | | Student Name | Date of Birth | | Street Address with Zip Code | Doctor’s Name | | Home Telephone | Doctor’s Telephone Number | | Insurance Carrier’s Name | Insurance Identification Number |   **STUDENT’S HEALTH STATUS**  Does your child have any **current** health problems? (Please check all that apply and tell us about them):  \_\_\_\_Allergies **(that requires emergency medicine)** \_\_\_\_Asthma/Breathing problems  \_\_\_\_Cardiac (Heart) problems \_\_\_\_Diabetes  \_\_\_\_Seizure Disorder \_\_\_\_Bones or Joints  \_\_\_\_Bee sting **(that requires emergency medicine)** \_\_\_\_Other problems?  Please tell us more about the problem(s)  MEDICINES  *\*\*The school nurse must have a* ***current*** *doctor’s order for medicine on file in order for your child to take medicine on the trip. Please contact your child’s school nurse to make sure all medical forms are completed.*  Medication that needs to be taken on the Field Trip:  \_\_\_\_\_ (initials) My child doesn’t need any medication on field trips for this school year.  **I give permission to a physician or hospital to secure proper treatment including (but not limited to) medications, injections, anesthesia or surgery for my child as named above.**  This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted above. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid where/when necessary. I understand that I will be responsible for the cost of all medical treatment render in connection with the trip.    Parent / Guardian Signature Date  **For School Nurse Use Only**  No Concerns\_\_\_\_\_\_ Needs nurse to attend\_\_\_\_\_\_ No doctor orders/note \_\_\_\_\_\_ See nurse 24/48hrs before trip\_\_\_\_\_\_\_  Students Ability to Administer Medication: \_\_\_\_\_\_\_Self-administration \_\_\_\_\_\_\_\_ Non-Self administration  Medical/Emergency Care Plan: \_\_\_\_\_\_\_\_Yes (if so please provide plan)\_\_\_\_\_\_\_\_\_No  Parent input:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nurse signature Date  **This form is the property of the Rochester City School District (“RCSD”) and should not be used if the school field trip is not authorized and approved by the RCSD. It may not be modified and must be completed in full to be processed and approved.**  This form is available on the WEB at <http://www.rcsdk12.org> on the “Health Services Forms for Parents” link.  SNS/Field Trip - Emergency Medical Info |