

GRADE _____

COUNCIL ROCK SCHOOL DISTRICT
FIELD TRIP MEDICAL INFORMATION FORM

EMERGENCY CONTACT INFORMATION (Please print clearly.)

Student's Name: _____ Date of Birth: _____
 LAST NAME / FIRST NAME

In the event of an emergency, please contact the following:

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Does your child have any medical issues, food allergies, or medications of which we should be aware?
(If yes, please contact the nurse directly.)

_____ NO _____ YES (please describe)

Does your child have any issues that would impact his/her ability to participate in this trip?
(If yes, please contact the trip coordinator directly.)

_____ NO _____ YES (please describe)

MEDICATIONS:

If your child requires medication for the trip, please contact the nursing office directly.

Permission to medicate form MUST be completed and medication must be brought to the health office in accordance with district policy at least 10 days prior to the trip. No student is permitted to carry any form of medication unless authorized in writing by their physician, parent, and agreement of school nurse. Please contact the school nurse with questions.

In accordance with Act 187 of the school code and CRSD procedures, students requiring rescue inhalers, Epi-pens, or diabetic medications/supplies may be permitted to carry and/or self-administer medications with:

- Completed medication permission form
- Permission from both licensed prescriber and parent
- Competency assessment by the school nurse

In case of illness or emergency, and in the event parents/guardians, physician, or other persons named on this form cannot be contacted, 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.

Parent/Guardian Signature: _____ Date: _____