

To: Parents of Upper Level Students
From: Kelly Seaman & Nancy Kaproth, School Nurses
Re: **Medical Permission Form for the Williamsburg Virginia trip**
Date: May 18th through May 21th 2015

The Field Trip Medical form for the Upper Level Williamsburg Virginia trip is enclosed. In order to insure that medical information is current and permission valid, a form must be completed for every overnight field trip. **Please return the completed form and obtain any necessary physician orders for medication and return to the Nurse's office as soon as possible, but no later than Monday May 4th.**

If your child needs to take any medication during the trip, either prescription or non-prescription, we MUST HAVE a current doctor's order *and* a parent signature. Rules and regulations about administering medicine to children on school trips are set by the New York State Board of Education and are quite strict. Please read the following information carefully. Your cooperation is appreciated.

- Medical orders on file in the Nurse's Office which cover the current school year are valid, as long as there have not been any changes in the medication.
- Local doctors' offices have the forms that are needed or you can request them from our office.
- Because of new privacy regulations, medical information will not be released unless a parent requests it, so the nurse cannot take responsibility for contacting medical offices to obtain prescriptions.
- Medications should be brought in by the parent/caregiver and given to one of the teachers on the morning of the trip.
- The nurse will send medications kept at school if parent(s) request.
- Medicines must be in the original container. Please send only the amount of medication needed for the trip.
- Children are not allowed to carry medications themselves unless they have written authorization from a health care provider.
- Please remember to pick up medication containers from the teachers at the end of the trip.
- Call us if you have ANY questions about this policy.

Thanks so much for following through on this.....Kelly and Nancy

OUT OF TOWN AND/OR OVERNIGHT

**ITHACA CITY SCHOOL DISTRICT
FIELD TRIP MEDICAL INFORMATION**

Student Name _____ Birth date _____
Home Address _____ Home Phone _____
Parent/Guardian Name _____ Work Phone _____
Parent/Guardian Name _____ Work Phone _____
Lives with: _____ Phone _____
Sponsoring Teacher(s): **Terry Cater-Cyker** Date(s) of Trip: **May 18-21, 2015**

Names of two friends, relatives or neighbors that can be contacted if parents are not available during an emergency:

Name _____ Home Phone _____ Work Phone _____
Name _____ Home Phone _____ Work Phone _____

1) I state, as the child's parent/guardian, that the only major illness, injury, surgery or allergy including chronic conditions sustained by my child are as follows: _____

2) I understand it is my full responsibility as parent/guardian to advise the medical office in writing of any changes in my child's health status prior to the trip.

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

If you have a current medical order on file at the Nurse's Office, this can be attached to the field trip form. **ANY NEW MEDICINE NEEDS A WRITTEN AND SIGNED ORDER FROM A DOCTOR WITH A SIGNED PERMISSION FROM A PARENT/GUARDIAN. YOUR PHYSICIAN & YOU MUST INDICATE IF THE STUDENT CAN SELF-MEDICATE. MEDICAL FORMS ARE AVAILABLE IN THE NURSE'S OFFICE.**

3) My child will be taking:

Med _____ dose _____ frequency _____
Med _____ dose _____ frequency _____
Med _____ dose _____ frequency _____
Med _____ dose _____ frequency _____

Permission to self-carry and self-medicate: YES _____ NO _____

IF EMERGENCY TREATMENT IS NECESSARY, YOUR CHILD WILL BE TRANSPORTED BY THE STAFF OR AMBULANCE TO THE NEAREST HOSPITAL. PARENTS/GUARDIANS WILL BE CONTACTED AS SOON AS POSSIBLE IN CASE OF SICKNESS OR ACCIDENT.

I GIVE PERMISSION FOR THE ATTENDING PHYSICIAN TO GIVE EMERGENCY TREATMENTS TO MY CHILD.

PARENT/GUARDIAN SIGNATURE _____ DATE _____