

FIELD TRIP MEDICAL FORM

FOR ALL TRIPS WITHIN THE UNITED STATES

Student's Name _____ Date of Birth _____
Last, First Middle

Parent/Guardian Name	Parent/Guardian Name
Home Phone Cell Phone	Home Phone Cell Phone
Street Address	Street Address
City, State ZIP Code	City, State ZIP Code

Alternate Emergency Contacts

If parent(s)/guardian(s) are not immediately available

Primary Emergency Contact	Secondary Emergency Contact
Relationship to Student	Relationship to Student
Home Phone Cell Phone	Home Phone Cell Phone
Street Address	Street Address
City, State ZIP Code	City, State ZIP Code

Medical Insurance Provider: _____

Medical Insurance Policy#: _____

Primary Subscriber of Medical/Health Policy: _____

Name of Student's Health Care Provider: _____

Health Care Provider Phone # _____

Does your child have any of the following:

	Yes	No	List treatment plan, including medication
Allergies			
Asthma			
Seizures			
Diabetes			
List all health issues, including mental health issues, and treatment plan, including medications			
List activity restrictions and/or needed accommodations for your child			

MEDICATION

Please list any over-the-counter medications such as Acetaminophen (eg. Tylenol), Ibuprofen (eg. Advil), or Benedryl that Staff members/chaperones may administer to your child.

I/We, the undersigned parent(s)/guardian(s), give permission to the filed trip teacher(s)/chaperone(s) to administer the above medications to my child. I agree to release, indemnify and hold harmless the City of Newton, the Newton Public Schools, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

Parent/Guardian Signature Parent/Guardian Name (Please print) Date

PERMISSION FOR EMERGENCY TREATMENT CARE

I understand that parents/guardians will be contacted for any serious illness or accident. In the event of a medical emergency, **I, the parent/guardian, hereby give permission for hospitalization and/or proper medical treatment for my child by health care providers selected by the trip leader/host family.**

Parent/Guardian Signature Parent/Guardian Name (Please print) Date

MEDICATION

All prescription medication must be in a pharmacy-labeled container.
 All over-the-counter medication must be in the manufacturer's container.

SELECT A or B FOR ADMINISTRATION OF MEDICATION

A. Medication to be Administered by Staff ☐

List all medication (Prescription and over-the-counter) to be administered by staff

Name of Medication	Dose	Time to be Given	Number of Doses Per Day	Possible Side Effects

Consent and Release – Medication to be Administered by Staff

My child will NOT carry over-the-counter or prescription medication on this field trip.

I/We, the undersigned parent(s)/guardian(s), give permission to the field trip teacher(s)/chaperone(s) to administer the above medications to my child or to supervise my child in taking the above medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton Public Schools, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

 Parent/Guardian Signature

 Parent/Guardian Name (Please print)

 Date

B. Medication to be Administered by Student (Self-administered) ☐

List all medication (Prescription and over-the-counter) to be administered by student (Self-administered)

Name of Medication	Dose	Time to be Given	Number of Doses Per Day	Possible Side Effects

I/We, the undersigned parent(s)/guardian(s), give permission for my child to self-administer the above medications and understand that no Newton Public Schools (NPS) employee will be administering the medication. If my child is residing with a host family without any NPS staff, I understand that NPS will not be supervising my child's self-administration of medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton Public Schools, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

 Parent/Guardian Signature

 Parent/Guardian Name (Please print)

 Date