

School Year: 18-19

**MEDICAL FORM: OVERNIGHT/INTERNATIONAL and/or OUT-OF- STATE
FIELD TRIPS**

Student is responsible for having this form completed by a Parent/Guardian to participation in overnight, international or out of state trips.

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name _____ Grade _____

Address _____ City _____ Zip _____

Parent/Guardian _____ (Please print)

Address _____ City _____ Zip _____

Telephone- Home _____ Cell _____ Work _____

I give permission for _____ to participate in Texas Chorus Trip
(Student's Name) (Activity or Event)

Parent/Guardian Signature _____ Date _____

Please list pertinent medical information to be shared with Faculty Supervisor and possibly the school nurse. If medical information needs to be changed, it is the responsibility of the parent/guardian to notify the school health office and/ or faculty supervisor.

Allergies (please list): _____

EPI Pen: Yes/No _____ Asthma: Yes/No _____ Inhaler: Yes/No _____

Medical Conditions: _____

* Present Medications: _____

Date of most recent tetanus shot (Td/DTaP/DTP): _____

Health Insurance Company: _____ Policy Number: _____

***MEDICATION FORM ON BACK** →

see Back

I hereby authorize the personnel in charge of this field trip to release the above information to medical authorities and to obtain care and/or hospitalization should illness or accident occur while my child is engaged in this field trip.

Parent/Guardian Signature _____ Date _____

This form must be retained by field trip personnel.

*** DUE back to Ms. Moss
BEFORE February Vacation***



Field Trip Medication Form
Overnight / Out-of-State / International Field Trip

I give permission for _____ traveling to _____

Texas (destination) on April 11-17, 2019 (dates)

Self-administer his/her medications

Self-carry and, if needed, to self-administer the following:
epipen inhaled

Or

I designate _____ to administer medication for this trip
(designee's name)

** All medications must be in a pharmacy-labeled container with name, medication, dosage, and frequency of administration. For over-the-counter medications, include the original box/bottle with dosage information and instructions. Medication(s) must be in the exact number required for the duration of the trip.

Medication(s):

Blank lines for listing medication(s)

Student signature: _____ Date: _____

Parent/guardian name: _____

Parent/guardian signature: _____ Date: _____

Field trip coordinator: Jennifer Moss

Field trip coordinator signature: [Signature] Date: 1/5/19