



Overnight Field Trip Health Form

Print Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student's Name _____ Date of birth _____

Parent/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY NUMBERS, IF UNABLE TO REACH PARENT/GUARDIAN

Name _____ Phone _____

Name _____ Phone _____

Family Doctor _____ Phone _____

Is your child taking medication at this time? Yes or No

Does your child need this medication on the trip? Yes or No

SPECIAL INFORMATION:

Name of Medication _____

(See nurse 1 week prior to trip to fill out medication administration form for prescription medication only.)

Allergies? Yes or No

To what _____
Food Allergies? Yes or No

What kind _____
Special Diet? Yes or No

What _____
Motion Sickness? Yes or No

Asthma? Yes or No

Sleepwalks? Yes or No

Fainting? Yes or No

Other Health information that might be of help on trip. _____

The following over the counter medications will be available: Acetaminophen (Tylenol), Ibuprofen (Advil), Tums, Benadryl and Dramamine. **Do not send your own.**

I give permission for the following medications to be given to my child as needed if deemed necessary by the designated staff member on the field trip. No other over the counter medication is allowed without written authorization from the Medical Provider.

(check all that apply NOTE if none are checked No Medication will be given)

Acetaminophen (Tylenol)	Ibuprofen (Advil)	Dramamine	Tums	Benadryl/Cetirizine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature _____ Date _____

In Case of emergency, I hereby give permission to the physician selected by the designated staff member on the field trip to treat my child as deemed necessary.

Parent/Guardian Signature _____ Date _____

HEALTH:

- For the safety of the group, a student who has any health condition or symptom that may be contagious to other students such as temperature of 100+F, diarrhea, vomiting, severe cough, or other cold/flu like symptoms, should stay home.
- If your student is taking **ANY** medication, it needs to be given to the nurse in its original prescription container with the appropriate completed medication authorization form in the nurse's office at **least two days before the trip.**
- **NO OVER THE COUNTER MEDICATION (other than those listed above) IS ALLOWED UNLESS WE HAVE AUTHORIZATION FROM A HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY.**