

CLARENCE CENTRAL SCHOOL DISTRICT

Field Trip Medication Guidelines & Order Form

ALL medications, (prescription and over the counter) need a SIGNED DOCTOR'S ORDER & one NOTARIZED parent signature to be administered by school personnel. **This is New York State Law.**

- Parent/Guardian is responsible for bringing the medication to the school. Any prescription or nonprescription medication sent on the field trip must include:
 - Original labeled container, and *only the amount needed for the field trip.*
 - Complete the form below with physician and parent signatures
- **MEDICATIONS MUST BE DROPPED OFF BY November 15th.** Medication not kept in school will be returned at the end of the trip. You may pick up medication the following week, during normal school hours. Any remaining medication will be disposed of by the end of the school year.
- If school already has permission to give medication, then a new signed form from the physician is not necessary! However, you do need to contact the nurse to request the medications be sent.
- **Special Note:** Students are not permitted to carry or self-administer medications, EXCEPT for inhalers & EpiPen, and ONLY with prior approval from their doctor. No Controlled Substances may ever be carried by students.
- Contact the Health Office with any questions at **407-9029 • Fax 407-9006**

Name of Student _____ Birth date _____ Grade _____

I DO NOT give permission for my child to receive any medications on this trip

Please send the following medication already on file in the health office: _____

I DO give permission to the trip nurse or other assigned person to administer the selected medications, below per package instructions, to my child during the trip: (**Medical provider must sign below for these medications**)

___ Acetaminophen (Tylenol)

___ Ibuprofen (Advil/Motrin)

___ Antacids (Tums)

___ Diphenhydramine (Benadryl)

___ Dramamine (motion sickness)

___ Topical Antibiotics (Neosporin)

These specific meds will be supplied by the School Nurse, no need to send your own.

I DO give permission to the trip nurse or other assigned person to administer the additional medication(s) listed below as prescribed by a licensed health care provider.

_____ Dosage _____ Time to be given _____

_____ Dosage _____ Time to be given _____

_____ Dosage _____ Time to be given _____

Attestation for self-carry/self-administration of Emergency Medication ___ Yes ___ No (*inhalers/EpiPen's only)

X _____ *Optional Stamp:*
Physician Signature Date

X _____
Parent/Guardian Signature Date **DOCTOR MUST ALSO SIGN FOR MEDICATIONS – NYS LAW!**

CLARENCE CENTRAL SCHOOL DISTRICT

MEDICAL INFORMATION FORM AND MEDICAL CONSENT

Student Name: _____

Birth Date: _____ Age: _____ Grade: _____ *Approximate Height* _____ *Weight* _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Insurance Provider _____ ID # _____ Group # _____

Emergency Contact: (Only in an emergency when a parent/guardian cannot be reached)

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Physician Name: _____ Phone: _____

List significant Health History: _____

List All Allergies: _____

Is your child currently taking any medications? NO YES @home: _____

On this trip: _____

Share any concerns: _____

MEDICAL CONSENT

In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary. I hereby give permission to those administering emergency treatment to do so using the measures necessary. I understand that I will be responsible for any expenses associated with my child's treatment. The school and the staff do not assume liability for accidents occurring on field trips.

X _____
(Signature of parent/guardian) – **IN FRONT OF NOTARY** (required by Clarence Music Department)

On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, is that by his/her signature on the instrument, the individual upon behalf of which the individual acted, executed the instrument.

Notary stamp

Notary Signature _____