

**Scotch Plains-Fanwood Public Schools
Parental Permission for Overnight Field Trip**

Student's Name: _____

General Directions:

Please complete the necessary information below, have the emergency care form notarized, and then deliver the completed form to _____ by _____.
(Advisor) (Date)

Trip Information:

Destination/Activity: _____

Trip Dates: _____ Time of Departure: _____ Time of Return _____

Contact Information:

		Phone #'s with area codes:
Father/Guardian's Name:		Home #:
		Cell #:
Employer's Name:		Pager#:
Employer's Address:		Employment #:

Mother/Guardian's Name:		Home #:
		Cell #:
Employer's Name:		Pager#:
Employer's Address:		Employment #:

Additional Contact Name:		Home #:
Relationship:		Cell #:
Employer's Name:		Pager#:
Employer's Address:		Employment #:

1. Students participating in a school field trip are to observe all school behavior expectations.
2. Student luggage and lodging rooms are subject to inspection and search at any time by school officials.
3. It is the student's responsibility to seek approval from all classroom teachers at least _____ days prior to the field trip. This form should be turned into the advisor _____ days prior to the trip.

Parental Consent:

I hereby give permission for my child to attend the above scheduled field trip. Additionally, I am aware that all carry-ons, backpacks, duffel bags or personal luggage are subject to a search, and I hereby consent to such search by the designated district personnel.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18 or older): _____ Date: _____

First Aid and Emergency Care:

During the trip, your child may be under the care and supervision of several chaperones. Confidentiality rules prevent the district nursing staff from sharing the medical information of a student with a chaperone without the written consent of the child's parent/guardian.

For the safety and welfare of your child, please indicate any medical information, behavioral issues, and/or special needs your child may have that you would like the chaperones on the trip to be aware of:

***NOTE:** Medical information listed on pages 3-4, Section II of the Permission Form, is for the use of the nurse only and will not be shared.

I, the undersigned, hereby consent to and authorize the nearest hospital or health clinic and its physicians in charge of my child's care (Name) _____, to perform emergency treatments or diagnostic procedures as deemed necessary or advisable. Additionally, I understand that every attempt will be made to notify me if emergency care is needed for my child.

Insurance Co. _____ Policy #: _____ Group #: _____

Parent/Guardian Names: _____
(please print)

Parent/Guardian Signature: _____ Date: _____

Note: Notary Public Stamp and Signature are required. There is a Notary Public available in any Scotch Plains-Fanwood School or at the Board of Education Office.

Notary Signature: _____ Notary No.: _____

Notary Stamp:

Scotch Plains-Fanwood Public Schools
Medical Information for School Nurse /Permission for Overnight Field Trip

Name: _____ Grade: _____ Birth Date: _____

General Directions:

Please complete all sections and return to the nurse by: _____

Trip Information:

Destination / Activity: _____

Trip Dates: _____ Time of departure: _____ Time of return: _____

Contact Information:

Phone #'s with area codes:	
Father/Guardian's Name:	Home #:
Employer's Name:	Pager/Cell #:
Employer's Address:	Employment #:
Mother/Guardian's Name:	Home #:
Employer's Name:	Pager/Cell #:
Employer's Address:	Employment #:
Additional Contact Name:	Home #:
Address:	Pager/Cell #:
Relationship:	Employment #:
Student's Physician:	Office #:

Medical Information: List below any information that a medical provider or the nurse in attendance may need to know about your child in the event of a medical emergency.

Does your child have any medication, food or environmental allergies? Yes _____ No _____

If yes, please list: _____

Does your child have any of the following conditions?

	Yes	No	If answered yes, please explain:
Asthma or breathing disorder			*(note triggers)
Diabetes			
Seizure Disorder			*(note type and date of last seizure)
Heart Condition			
Physical limitations			
Depression or anxiety disorder			
Severe allergic reaction			

Will your child require any prescription or over the counter medication while on the field trip?

Yes _____ No _____ If yes, list all the medications your child will require.

1.	3.
2.	4.

Medical Information for School Nurse /Permission for Overnight Field Trip

REGULATIONS REGARDING STUDENT USE OF MEDICATION ON OVERNIGHT FIELD TRIPS

All **prescription and over the counter medications** shall be given to a student during a school sponsored field trip by either the student's parent/guardian or by a duly authorized registered nurse. In the absence of the parent, the authorized nurse will hold and administer all medications on the trip. A nurse will not attend the field trip unless a student in attendance has a potentially life threatening condition or if it is absolutely necessary for a medication to be dispensed to any student while on the trip.

If it is **absolutely necessary** that your child receive **any prescription or over the counter medications** while on the overnight field trip:

- Contact the school nurse for the necessary doctor's order form to be completed and signed by both the parent and the physician.
- The completed doctor's order form should be returned to the nurse as soon as possible, or at least 2 weeks prior to the departure date of the trip.
- During the trip, the nurse will hold and dispense **all prescription and over the counter medications** ordered by your child's physician. **A student may not be in possession of any medication during the trip.**
- Those students who meet the criteria for self-administration of medication for a potentially life threatening condition such as asthma and severe anaphylaxis may be in possession of their asthma inhaler or Epi pen provided the proper doctor's order and parental permission forms are on file in the nurse's office. **These medications may be kept in the possession of the student.**

NOTE: For those overnight field trips when a nurse is not required to be in attendance, no medication (prescription or over the counter) can be brought by a student except those utilizing self-administration medications as described above.

Tylenol, Advil and Benadryl may be dispensed on the trip at the discretion of the nurse in accordance with the Health Office Collaborative Orders approved by the District Medical Director. These medications cannot be self-administered by, or in the possession of, a student.

Note: These medications will not be dispensed unless an authorized nurse is in attendance.

Check the appropriate boxes to indicate your permission for the nurse to dispense the following medications:

Medication		Yes	No
Tylenol	(acetaminophen)		
Advil	(ibuprofen)		
Benadryl	(dephenhydramine)		

Parental Consent:

I hereby release and hold harmless the Scotch Plain-Fanwood Board of Education, its employees, agents, and representatives from any and all liability as a result of any injury arising from the administration of the above mentioned medications provided proper procedure is followed.

Parent/Guardian signature: _____ Date: _____

NOTE: Notary Public Stamp and Signature are required.
There is a Notary Public available in any Scotch Plains-Fanwood School or at the Board of Education office.

Notary Stamp:

Notary Signature: _____

Notary No: _____