



# 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.**