

Kennett High School
Field Trip Medical Form
409 Eagles Way, North Conway, NH 03860
(603) 356-4343 * Fax (603) 356-4391

Student Name _____ Date of Birth _____

Parent/Guardian _____ Phone # _____

Emergency Contact if parent/guardian unable to be reached
Name _____ Phone # _____

Student's Primary Care Provider _____ Phone # _____

Does your child have any health issues or needs which may need consideration while on the field trip? **Explain:**

Check any that apply:

__ **Serious Allergy to:** _____

Student will carry his/her prescribed Epi-Pen

__ **Asthma**

Student will carry his/her prescribed inhaler to be used as follows

Name of medication _____ **Dose** _____ **Time** _____

__ **For day trip:** student takes daily medication during school hours. School nurse will package single dose for teacher to provide to student.

Name of medication _____ **Dose** _____ **Time** _____

__ **For overnight field trips:** the following medication(s) will need to be taken. All medications **must be provided to the trip leader in the original prescription container clearly labeled with the students name, medication, dose, time.** (Please list any additional medications on the back of the form.)

Name of medication _____ Dose _____ Time _____

Name of medication _____ Dose _____ Time _____

__ I give permission for the following over-the-counter medications to be administered on the field trip (please check all that apply)

__ Tylenol __ Benadryl __ Loratadine(allergy) __ Tums __ Ibuprofen __ Cough drops

You have my permission to assist/supervise my child in taking the medications listed/checked above. In case of accident or serious illness, I request that you contact me or the person whose name I have listed. I authorize school personnel to take emergency action, which may include making provisions for the transportation of my child to the hospital for treatment. I agree to release the School District from all liability related to the treatment of my child in an emergency. In addition, I agree to pay for all medical services for my child, and promise to hold the School District harmless from any liability for such services.

Parent/Guardian Signature

Date