EMERGENCY MEDICAL TREATMENT FORM FOR GRADE 8 FIELD TRIP TO WASHINGTON D. C.

The purpose of this form is to provide students with emergency medical treatment that may be necessary on the Washington D. C. Field Trip scheduled from November 2 – 5th, 2022.

Student's Name: _____ **Date of birth:** _____

Address: _____ **Student's Cell Number:** _____

Medical Insurance Plan: _____

Medical Insurance Policy Number: _____

In case of an emergency, please contact:

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

List student's pertinent medical history, health concerns, allergies, etc.:

_____

_____

_____

_____

PRESCRIPTION MEDICATION - **If your child requires medication on the field trip, please list the medications, dosage, and times of day to be given. This list should include inhalers, Epinephrine auto-injectors, over-the-counter medications, etc.:**

_____

_____

_____

_____

OTC MEDICATION

The school nurse (or Rebecca Calzini, if deemed appropriate) will have the following medications on hand to administer.

Please circle which of these medications you give permission for your child to receive as needed:

Tylenol 325 mg	Hydrocortisone 1%	Bacitracin
Ibuprofen 200 mg	Calamine	
Antacids	Benadryl	

Medication Drop off/Pickup (with required forms):

I understand that a written medication order from my child's licensed prescriber AND a parent/guardian medication administration plan are required in order for any of the above medication(s) to be administered on the field trip with the exception of Tylenol, Ibuprofen, Antacids, Hydrocortisone 1%, Calamine, Benadryl, and Bacitracin for which we have standing orders from our school physician. These two forms may be found on the Masconomet website under District Offices >Health Services>Medications. Your child's doctor may use their own medication order form if this is more convenient. (If you have already submitted these forms because your child is currently taking medication during the school day, it is not necessary to resend these forms).

These medication forms must be submitted to the school nurse no later than 10/24 when medications should be dropped off (see drop off and pick up times below). If it is helpful, these forms may be emailed to glemire@masconomet.org or faxed to 978-887-3287.

I understand that all medication must be delivered in a pharmacy or manufacturer labeled bottle/original packaging. The medication(s) must be picked up and dropped off by a parent or guardian. Please place all medication in a clear zip lock bag labeled with your child's first name and last name and only provide the required number of doses for the four days. ***No Medication will be accepted on the morning of the field trip.***

Medication Drop off *- 10/24 from 2:30 pm to 4 pm in the Middle School Main Office Lobby*

Medication Pickup *- 11/7 from 2:30 pm to 4 pm in the Middle School Main Office Lobby*

Medication Administration/Delegation:

I give permission for the school nurse to administer (or to delegate to Rebecca Calzini if deemed appropriate) the above medication(s) to my child, _____. Students should not be carrying medication on their person unless it is an inhaler, epinephrine auto-injector, insulin, or digestive enzyme. The only other exception would be if the school nurse has given permission for your child to self-administer (see below). I understand that my child is responsible for meeting the designated school personnel at the scheduled time and location to receive their daily medication. Morning medication will be administered no later than 7am unless alternative arrangements have been made.

Optional Medication Self-Administration:

I give permission for my child, _____, to self-administer the above medication(s) on the field trip if the school nurse determines it is safe and appropriate. I understand that the school nurse will need to schedule a meeting with my child to assess this. I understand that controlled substances may not be self-administered.

Emergency Care Authorization

I give permission for designated school nurse or Rebecca Calzini to authorize emergency medical care for my child, _____, on the advice of a qualified physician if parents can't be reached, or if phone authorization is not accepted by the attending hospital.

Parent/Guardian's Name (print): _____

Parent/Guardian's Signature: _____Date: _____