Gowanda Central School
FIELD TRIP HEALTH INFORMATION

NAME _____ GRADE _____

Dear Parent/ Guardian:

The _____field trip will be held on _____. If your child requires any **MEDICATIONS (prescription or over the counter)** or has any **HEALTH ISSUES** or **ALLERGIES** that we need to know about please write below. All of the medications, including non-prescription, need Doctor's Orders in order for students to take on the field trip. Please forward or fax any Doctor's Orders and return this form to the School Nurse by_____. If you have any questions please call: HS- Rachel Ruff RN at 995-2104 or fax 995-2125; MS- Bailey Bond, RN at 995-2124 or fax 995-2184 ; ES- Michelle Gilson, RN at 532-3325 ext 4003 or fax 532-0287. Thank you very much!

Note: If School Nurse has a Dr Order in School—you do NOT need another one

Please mark: _____ TAKES MEDICATION (fill in below) _____ DOES NOT TAKE MEDICATION

If your child requires medication the School Nurse needs a Doctor Order and a parent note on file before the field trip takes place (see back). ALL MEDICATIONS TAKEN IN SCHOOL OR ON FIELD TRIPS NEED DOCTOR'S ORDERS. WILL NOT BE GIVEN WITHOUT A DOCTOR'S ORDER-THIS INCLUDES TYLENOL, MOTION SICKNESS PILLS, ECT.

MEDICATION:

_____

_____

HEALTH ISSUES/ CONCERNS

_____

_____

ALLERGIES:

_____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

MEDICATION USE ON FIELD TRIPS

ORAL MEDICATIONS AND INHALERS

If your child takes medicine in school and will need to take it on the field trip we will need signed permission for the teacher or designee to give the medicine along with the Doctor's orders --please see below and sign. This includes regularly taken medications and medications that are only taken when needed such as inhalers, Tylenol, etc.

DIABETIC STUDENTS

If your child is diabetic we ask that a parent or parent designee go on the field trip. If this is not possible please call the school Nurse so that other arrangements can be made.

ALLERGY AND EPI-PEN MEDICATION

If your child has an allergy that requires the use of an Epi-Pen we ask that a parent or parent designee who can administer the Epi-Pen go on the field trip. If this is not possible, please notify the school Nurse so that arrangements can be made.

IF YOUR CHILD TAKES A MEDICINE PLEASE SIGN BELOW:

STUDENTS NAME_____ GRADE _____

I authorize _____(teacher or designee) to handle/ administer the following medication(s) to my child:

_____

_____

_____

on the school field trip on_____(date) at_____(time).

Parent/Guardian Signature_____Date_____

Print Name_____