## Gowanda Central School FIELD TRIP HEALTH INFORMATION

| NAME  |  | GRADE  |
|---|--|--|
| Dear Parent/ Guardian:  |  |  |
| (prescription or over the counter) or has a<br>the medications, including non-prescription<br>any Doctor's Orders and return this form to   | ny <b>HEALTH ISSUES</b> or <b>ALLE</b><br>n, need Doctor's Orders in<br>o the School Nurse by<br>5; MS- Kristen Pagett RN a<br>much! | on If your child requires any MEDICATIONS  ERGIES that we need to know about please write below. All of a order for students to take on the field trip. Please forward or fax If you have any questions please call: HS-at 995-2124 or fax 995-2184; ES- Bailey Bond RN at 532-3325  |
|   | •  |  |
| Please mark: TAKES MEDIC  | ATION (fill in below)  | DOES NOT TAKE MEDICATION   |
| (see back). <u>ALL</u> MEDICATIONS TAKEN IN SC  | HOOL OR ON FIELD TRIPS NE  | Order and a parent note on file before the field trip takes place EED DOCTOR'S ORDERS. WILL NOT BE GIVEN WITHOUT A DOCTOR'S MOTION SICKNESS PILLS, ECT.*   |
| MEDICATION:   |  |  |
| HEALTH ISSUES/ CONCERNS   |  |  |
| ALLERGIES:  |  |  |
| PARENT/GUARDIAN SIGNATURE:  |  | DATE   |
|   | MEDICATION USE   | ON FIELD TRIPS   |
| designee to give the medicine along with the and medications that are only taken when the DIABETIC STUDENTS  If your child is diabetic we ask that a parent so that other arrangements can be made.  ALLERGY AND EPI-PEN MEDICATION  If your child has an allergy that requires the | he Doctor's orders <u>please</u><br>needed such as inhalers, T<br>t or parent designee go or<br>e use of an Epi-Pen we ask           | Field trip we will need signed permission for the teacher or e see below and sign. This includes regularly taken medications Tylenol, etc.  In the field trip. If this is not possible please call the school Nurse at that a parent or parent designee who can administer the chool Nurse so that arrangements can be made. |
| <u>IF YOUR</u>  | CHILD TAKES A MEDI   | CINE PLEASE SIGN BELOW:  |
| STUDENTS NAMF   |  | GRADF  |
| l authorize   |  | GRADE(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\_\_\_\_\_

Print Name\_\_\_\_\_