

MEDICAL CONSENT FOR FIELD TRIP

To Be Completed and Signed by Parent and Healthcare Provider

Student's name : _____

DOB: _____ School: _____

Trip destination: _____

Hours of trip: _____

My child is presently taking the following medications:

Medication: _____

Dosage: _____

Medication: _____

Dosage _____

Frequency: _____

Millville Public Schools policy states that only a registered nurse or the parent or guardian or adult student may administer medication other than a self-administered medication (asthma inhaler, epinephrine, insulin, pancreatic enzymes) during a field trip. So that the proper arrangements can be made, please check one of the following options:

____ The medication can be withheld for that day or for the duration of the field trip: (this requires a written order from your health care provider to withhold the medication for the day or trip).

____ The schedule for administering the medication can be altered and the delivery of the medication delayed until return from the field trip: (this requires a written order from your health care provider to alter the schedule).

____ A parent or guardian will accompany the group on the trip to administer the medication if a nurse is not present. That person's name is _____.

____ The student's medication is (circle one): asthma inhaler, epinephrine, insulin, pancreatic enzymes.

Parent signature

Date