

Medical and Emergency Field Trip Treatment Form
ALTOONA AREA SCHOOL DISTRICT

Child's Name: _____ Male: _____ Female: _____

Date of Birth: _____ Age: _____ Student ID#: _____

Home Address: _____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Emergency Contact Person #1: _____ Phone #: _____

Emergency Contact Person #2: _____ Phone #: _____

MEDICAL PROBLEMS

- Asthma
- Diabetes
- Seizure Disorder
- Other: _____

ROUTINE MEDICATIONS

*Please check **YES** if medication will need administered during field trip*

YES

- _____
- _____
- _____

Can Medication be Adjusted? Yes ___ No ___

Allergies (List): _____

Type of Reactions: _____

Does your child have an Epinephrine-pen? ___ Yes ___ No

Does your child have an inhaler? ___ Yes ___ No

NO PRESCRIPTION MEDICATION WILL BE DISPENSED UNLESS A PHYSICIAN ORDER IS PROVIDED PRIOR TO THE FIELD TRIP.

** Medications given daily at school will already have a medication order on file; therefore, no further documentation will be needed.**

****Medication must be in a prescription bottle with child's name, name of medication, and dosage clearly marked. The parent is required to provide the medication, if the field trip departure is prior to and/or the return extends beyond normal school hours. ****

All medication must be given to an adult chaperone except inhalers, epi-pens and diabetic supplies.

No over the counter medication will be dispensed

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Physician/Insurance Information:

Student's Physician: _____ Phone: _____

Name of Insurance: _____

ID Number: _____ Group Number: _____

Medical Authorization: I authorize the Altoona Area School District or their representative to seek emergency medical treatment as deemed necessary in the event that my child would become injured or ill during the field trip. It is understood that the resulting expenses will be my responsibility.

I do hereby release, discharge and hold harmless the Altoona Area School District, its agents and employees, from any and all liability as a result of these requests for medication and emergency treatment.

It is the responsibility of the parent/ guardian to notify the school nurse of any changes in medical information prior to the field trip date.

****Signature is Required****

Date: _____ Parent Signature: _____