

This form contains private information.

Student's Name: _____

**Extended Field Trip Medical Information Form
Farmington Secondary School Students**

Each student must complete this form and return it to the director/educator in charge in order to participate in the trip.

Student Name: _____

Address: _____ (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth: _____

Parent/Guardian Name: _____

Address (if different from student): _____

Phone Number: (Day) _____ (Night) _____

Emergency contact to be called if parent/guardian cannot be reached:

Name: _____ Relationship to student: _____

Phone number: (Day) _____ (Night) _____

Student Medical Information: *In accordance with accepted guidelines for this extended field trip, it is required that all participants in this program make adequate provision for the possibility of a medical emergency arising during their participation in this field trip. The information is collected to assist the chaperones and instructor in helping the participant secure medical care should the need arise. This information will be shared only with field trip supervisors and, if necessary, medical care providers.*

Medications student is currently taking: (Please include name of drug, dosage and reason for taking medication, also include any over the counter medications your child will have with him/her.) You must give permission on page 2 in order for your child to bring medications.

Allergies: (specify food, drug and other allergies): _____

Health History: (Check those that apply) Diabetes _____ Asthma _____ Seizures/Epilepsy _____

Cardiac Problems _____ Orthopedic Problems _____ Other (specify) _____

_____ Date of last Tetanus shot: _____

Family Physician Name: _____ Phone Number: _____

Medical Consent/Authorization: *I understand that in the event a medical emergency should arise requiring medical care to be administered immediately, emergency medical treatment may be recommended. I consent to treatment at a hospital or other health care dispenser, or initially by field trip staff, for my child. If an emergency arises, I understand it might be necessary for my child to receive medical care before I can be contacted.*

Parent/Guardian: _____ Date: _____
(Signature)

Insurance Company and Policy Number: _____

Student Name: _____

Medication consent:

A. (Check one)

_____ I give my child permission to carry and administer his/her own medications.

_____ I **do not** give my child permission to carry and administer his/her own medications.

B. Chaperones/supervisors will carry a *limited supply* of the following over the counter medications. Please indicate below if you give permission for your child to have the following as needed and at the discretion of the field trip chaperones/supervisor. (Check all that apply)

_____ Ibuprofen (Advil/Motrin) - 200mg, 1-2 tablets

_____ Extra Strength Tylenol – 500 mg, 1-2 tablets

_____ Benadryl – 25mg, 1-2 tablets

C. I understand that any and all medications in my child's possession are for his/her personal use **only**. Any student found to have shared his/her medication with any other student will face disciplinary action, which may include being sent home from the field trip at the expense of the parent(s)/guardian.

Parent/Guardian: _____ Date: _____
(Signature if student is under 18)

Student: _____ Date: _____
(Signature)

STATE OF MINNESOTA)

)ss.

COUNTY OF DAKOTA)

On this ____ day of _____, 20__, before me, a notary within and for said County, personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

Notary Public

(Notary Seal)

My Commission Expires: _____