AIKEN COUNTY
PUBLIC SCHOOLS

FIELD TRIP MEDICAL FORM

Student Name: _____ Age: _____ DOB: _____

Address: _____ City _____ State ____ Zip _____

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Physician _____ Phone _____

In case of emergency, notify the following if unable to contact parent/guardian:

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Insurance Information: Company _____

Policy Holder: _____ Policy Number _____

Health Considerations: _____

Allergies: _____

Dietary Restrictions: _____

A Medication Permission Form signed by the parent/guardian is required for all medications. **Prescription medications also require a doctor's order.**

You may access the Medication Permission Form on the district website www.acpsd.net under the Nursing Services tab, or you may get one from your school nurse.

A parent/guardian must deliver medication in the original labeled container and the completed permission form to the school nurse prior to the departure date. Deliver only the amount of medication needed for the field trip. All medications will stay in the possession of the school employee trained to assist students with medication, except for students with self-medicating or self-monitoring permission.

Please check one of the following:

____ My child will NOT require medications on field trips.

____ My child will require medications on field trips that are already at the school.

____ My child will require medications on field trips that I will deliver to the school.

This form is valid for the current school year. It is the parent's responsibility to notify the school nurse of any changes to the information provided.

I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia, and/or surgery for my child as named above.

_____ _____ _____

Signature of Parent/Guardian Date Relationship

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