

**TMHS Overnight Field Trip
Authorization Form and Medical Waiver**

Destination _____ Teacher/Team _____

Date of trip _____

Name of Student _____

Mother _____ phone _____

Father _____ phone _____

Other emergency
contact: _____ phone _____

Allergies (Check all that apply)

Food (list & describe reaction)

_____ Medication (list & describe reaction)

_____ Bee Stings (list & describe reaction)

_____ Seasonal (list & describe reaction)

**Does student have any physical limitations or sports
restrictions? _____ If yes, Please
explain: _____**

**Does student have any diet restrictions? _____ If yes,
please explain:**

_____ **Does your child require medication for the overnight
trip? ___ If yes, complete included form.**

In order to administer medication (prescription or over-the-counter) on the field trip, parents must complete the included form which includes parent signature and written physician's order.

This completed form must be returned to school 5 days prior to departure date with parent and physician signatures.

In the event of a medical emergency, 911/Emergency Medical Services will be called and student will be transferred to the nearest medical facility.

I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the children during the field trip will be taken. Beyond this we will not hold the school or those supervising the trip responsible. I give consent for my child to go on this trip.

Parent/Guardian Signature

Date

MEDICATION AUTHORIZATION FOR OVERNIGHT FIELD TRIPS (prescription and non-prescription)

The student's teacher will be responsible for storing and administering medication on the field trip.

Any prescription or nonprescription medication sent on the field trip must include:

- 1) The original labeled container**
- 2) An order from the physician**
- 3) Written parent permission**

Parent/Guardian is responsible for bringing and giving the medication to the Teacher/Nurse before departure. Send only the amount needed for the field trip.

The following must be completed in order for medication to be administered on an overnight field trip

Name of Student _____
Name of medication _____
Dosage _____
Time _____
Name of medication _____
Dosage _____ **Time** _____

Parent/Guardian Signature _____ **Date** _____
Physician Signature _____ **Date** _____
(Usually you can just fax this to your Physician)

Parents who plan to accompany their child on the Field Trip or medications we already have at school should complete this form and return it to school, but do not need a physician signature .