ATTLEBORO PUBLIC SCHOOLS
HEALTH SERVICES

File: IJOA-E3

Medical Form for Students on Overnight & International Trips

Please return this form to your trip coordinator at least THREE MONTHS prior to trip departure.

Program Information: To be filled out by Field Trip Coordinator

Field Trip Coordinator: (FTC) ______________________________
Title or Name of Field Trip, Activity, or Program: ______________________________
Dates:______________________Location(s) of event: ______________________
Location of nearest medical facility for emergency care: ______________________

Student Information: School Student Attends: ______________________

Student's Name:______________________________DOB: ________
Home Address: ______________________________
Parent/Guardian Phone:______________Cell #1:______________Cell #2: ______________
Emergency Contact:______________Phone:______________Cell:______________
Health Insurance Provider:______________Health Insurance Policy Number: ______________
Primary Subscriber of Medical/Health Policy: ______________________________
Student's Primary Health Care Provider:______________________Phone:______________
Allergies: Yes____No_____Please list: ______________________________
Epinephrine: Yes___No_____Asthma: Yes_____No_______Inhaler: Yes_No _
Diabetes: Yes____No_____Seizures: Yes_____No________
Medical Concerns: ______________________________

Medications needed on trip: Yes___No _____

*Please send only medications that are regularly taken by the student and are medically necessary.

Please list: ____

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*Medications with physician's order must be brought to the health room at least three days before the trip. Only send the amount of medication needed for the trip. All medications must be in a pharmacy labeled container with name, medication, dosage and frequency of administration. Psychotropic medications should be held by the adult assigned for delegation on the field trip. It is the Parents responsibility that all medications and orders are in place prior to the trip.

If school policy permits, the school nurse and the parent will decide if the student is capable of self-administration. The nurse has the final decision concerning self-administration.

I give permission for the evaluation/treatment of my child by a duly licensed physician and/or hospital facility in the event of illness or injury. I authorize transportation by ambulance if necessary. I give permission for the Attleboro Public Schools staff to share necessary information regarding my child in order to facilitate care of my child.

Parent/guardian signature:______________________________Date: ______________

Policy and Personnel Subcommittee Approved: 01-30-17
School Committee Approved: 02-27-17