Student Name (Last, First):_____ **Student ID No.**_____

Northern Valley Demarest Music Department Orlando, Florida Trip (March 27-31 2019)

This form must be completed by parent/guardians of all trip participants.

The Northern Valley Regional High School District requires that all students who need medication during a school trip must supply the following medical documentation for the trip:

1. All prescribed medications must be contained in the original container, properly labeled by a registered pharmacist (as prescribed by law). Please include the exact amount needed for the trip, plus two extra days to cover any delays in travel.
2. All over-the-counter medications must be in their original, **unopened travel size** container. No herbal or dietary supplements permitted
3. Your prescribing physician must complete this form for any and all medications (prescription and over-the-counter) in order for you to be able to take these medications while participating on this field trip.
4. Diabetics must carry a glucose meter, Glucagon, snacks, water and insulin.

SECTION A: TO BE COMPLETED BY ALL PARENTS/GUARDIANS

Student name:_____ Date of birth_____

Parent/guardian to contact in case of emergency_____

Home phone_____Work phone_____Cell phone_____

If unable to contact parent above, I grant permission to contact: _____ _____
Friend/Relative phone #

Check one:
____ My child will **not** be carrying any medications while on this trip. (Skip Section B)
____ I give permission for my child to receive the medication(s) below as directed, while on this trip (Complete Section B.) Please note, students are not permitted to carry any medication on them during the trip.

Parent/Guardian signature_____ Date_____

SECTION B: TO BE COMPLETED BY THE PHYSICAN ONLY IF YOU ARE CARRYING MEDS ON TRIP

If you are not taking any medications along, write "NONE" and no doctor's signature is necessary.

	Medication #1	**Medication #2**	**Medication #3**	**Medication #4**
Medication name:				
Rx or OTC?				
Daily dosage?				
Administration Time?				
Diagnosis?				
Side effect?				
Permission to carry/administer?*				

*(Epi-Pen/Inhalers/Insulin pump only)

_____ _____ _____
Physician Stamp-Name, Address & Phone Physician's Signature Date

SECTION C: MEDICAL HISTORY/INFORMATION

(*This information will remain confidential*)

Northern Valley Demarest Music Department Orlando, Florida Trip (March 27-31 2019)

List any physical conditions the Northern Valley staff and/or hospital staff should be aware of.
Please answer NONE if no conditions exists.

Allergic Reactions (pets/medications/food/insects etc.): _____

Asthma _____ Seizures _____ Diabetes _____ Heart Condition _____ Headaches _____

Other Medical Conditions: _____

Date of most recent Tetanus shot: _____

Activities participant should not participate in : _____

Special Dietary Needs (lactose intolerant, vegetarian, allergies etc.): _____

SECTION D: PERMISSION FOR EMERGENCY MEDICAL CARE

TO WHOM IT MAY CONCERN:

I understand that should a serious injury or illness occur, medical and/or hospital care will be sought. I realize a member of Northern Valley staff will notify me in case of serious injury or illness; however, should they not be able to contact me, they have my permission to pursue a course of action which is deemed in the best interest of the member named below.

I hereby authorized and permit any member of Northern Valley staff to secure any medical treatment in which the student named below may require or which may be reasonably necessary for such student while involved with the school trip. A doctor, clinic or hospital may proceed with any medical or surgical treatment that the Northern Valley staff member may authorize for the protection of life/or limb. I further release the Northern Valley staff member from any responsibility with the respect to a reasonable decision made in connection with said medical treatment.

I further understand that I will responsible for all medical, surgical, and transportation costs, which will be incurred.

Student's Name: _____ **DOB:** _____

_____ Date: _____
Parent/Guardian Signature

INSURANCE INFORMATION

_____ _____
Group or Policy Number Company Name

Students should carry an insurance card (or copy of their insurance card).

Parents should have copies of their child's insurance card for themselves and one copy of each to be handed in with this form.