

Clague 8th Grade 2019 DC Trip Health Form Instructions

Dear Parents

Please review this as you complete the health form for the 8th grade Field trip. This form needs to be completed and turned in no later than **SEPT 23rd**.

Please fill out the form completely and note any health condition that is important for the care of your child.

Medications:

- Please only list medications that your child will need. Anything that they can do without safely for a few days should not be included (eg Multivitamins, herbal supplements). Similarly if your child needs an “as needed” medication please note it on the form and send it on the trip (Ibuprofen, Tylenol, allergy meds, motion sickness meds).
- **All Meds** – prescription, non-prescription (OTC supplements, TUMS, tylenol ibuprofen, allergy med etc) **must** be listed and **must** have a Healthcare provider’s signature.
- The option to **self carry** only applies to emergency medications eg, EPIPENS, asthma inhalers, nasal sprays All other medications must be dropped off to the school nurse prior to the field trip.
- If you have emergency medications, such as an Epi-Pen or Albuterol kept at school, we’d prefer that you send a separate set of meds with your child for the trip if possible. The health care professional and parent must still sign the AAPS Health Information Form for School Sponsored Trip/Camp.
- Drop off all medications in a gallon size ziplock bag with your child’s name on the medication and bag at the main office by the deadline **OCT 9th**. This will allow the school nurse to organize the medications and review any special considerations to the adult that will be supervising your child. Please **DO NOT DROP OFF ANY MEDS** the morning of the trip as we cannot ensure that your child’s medication needs will be handed off optimally to the adults responsible. There’s just so much going on that morning.
 - Please provide only enough medications for the trip ie. No Costco size medication containers.
 - All medication must be in the original package/bottle with the child’s name and dosing information on it. This must match the doctor’s instructions.
 - For over the counter medications, please supply in the original package and write your child’s name on it in a marker.

If you have indicated that you child has a food allergy or asthma, and have opted not to send medications for that condition you must initial the waiver on this form on page 2 or the back side.

Please drop off your child’s medications to the school by **Oct 9th**. You can also bring it to the parent meeting on Thursday, October 17th.

Finally, the form must have a parent signature.

Sincerely,

Sharon Jakab R.N., School Nurse