

**Needham Public Schools Overnight Field Trip  
Medication Permission and Emergency Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_ Student Address: \_\_\_\_\_

Please list all Parent/Guardian phone numbers for work, home, cell:

\_\_\_\_\_  
\_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Event: \_\_\_\_\_ Chaperone Name: \_\_\_\_\_

Event Location: \_\_\_\_\_ Date/Time Leaving: \_\_\_\_\_ Date/Time Returning: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Any medication that your student is currently taking, or may need to take on the trip, whether prescription or non-prescription, must be listed. This includes all over the counter medications such as Tylenol, Ibuprofen, allergy medications, etc. Both parent and physician must sign consent for all medications (including over the counter medications) to be administered, self-administered, or carried by the student. ALL medications must be in the original containers, have a pharmacy printout containing any side effects, and all medication must be labeled with the student's name. Students should be able to self-administer their own medication; if that is not possible, please notify the school nurse immediately

**My child will not be taking any medication on this trip (including Tylenol and/or Ibuprofen). Please check here if applicable. \_\_\_\_\_**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Consent for self administration: Yes \_\_\_ No \_\_\_ Consent to carry medication: Yes \_\_\_ No \_\_\_

**(OVER)**

Date of last Tetanus shot: \_\_\_\_\_

**HEALTH HISTORY:**

Please list any allergies that your student has including food, medication, environmental, insect, etc.

\_\_\_\_\_  
\_\_\_\_\_

Other important medical information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician License Number: \_\_\_\_\_

**Parent/Guardian Consent and Release**

- ***I understand that every effort will be made to contact me if a medical emergency should occur. However, if I cannot be contact or, where time is of the essence, I hereby give permission to medical personnel to provide such medical treatment as is deemed necessary. I/We accept full responsibility for all costs and any medical treatment.***  
Initials \_\_\_\_\_
- ***I/We, the undersigned parent/guardian, agree to release, indemnify, and hold harmless the Town of Needham, the Needham School Committee, and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization***  
Initials \_\_\_\_\_
- ***I/We consent for the release of confidential medical information to be released to and from medical providers, the faculty of Needham Public Schools, and the school field trip/activity program chaperones, as needed to maintain my child's safety***  
Initials \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_