

CHERRY HILL PUBLIC SCHOOLS FIELD TRIP FORM -- MEDICAL INFORMATION

Student Name _____ Grade/Team _____

Destination _____ Date of Trip _____

Your child's class will be away from school on a field trip on the date indicated above. According to the Cherry Hill Public School Administrative Procedure M-10, **medication MUST be administered by a Certified School Nurse**. Every effort is being made to secure a substitute nurse to accompany your child's class on this trip. However, it is possible that a substitute may not be available. Please read the information below carefully. If your child is not taking any medication please indicate below. If your child is taking medication, please indicate how you would like us to handle this.

Contact's Name	Cell #	Home #	Work #
Mother/Guardian #1	_____	_____	_____
Father/Guardian #2	_____	_____	_____
Emergency Contact	_____	_____	_____
Student's Cell #	_____		

Physician's orders **MUST** be on file with the Nurse for **ALL** medications to be administered by the nurse, to self carry and self administer, and/or to withhold. List **ALL** medications your child will need on this trip, including over-the-counter medications.

Medication	Dose	Diagnosis/Purpose

- _____ No medication is needed.
- _____ My child's medication dose may be withheld on the field trip, as noted on the medication orders.
- _____ I will be serving as a chaperone on this field trip and I will dispense medication to my child.
- _____ My child has Asthma and will be taking his/her inhaler from home. [MS & HS Only]*
- _____ My child has a life-threatening allergy and will be taking his/her Epi-Pen from home. [MS & HS Only]*
- _____ My child will not be going on the field trip.

*Authorization for Self-Administration of Asthma Inhaler and/or Epinephrine Medication Only by Pupil Form MUST be on-file with the School Nurse

Medical/Treatment Consent:

I hereby give my written consent for my child to receive emergency care as necessary while he/she is participating in activities with Cherry Hill Public Schools.

Parent's Signature & Print Name

Date

Please sign and return this form to the school nurse.

Barbara Kase-Avner, RN, BS, CSN
School Nurse
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