

2011-2012 WESLEYAN SCHOOL
Permission Form for 5th Grade Retreat , 8/31/11 – 9/1/11

Student Name: _____ Age _____ Grade _____ Home Ph. _____
Mother: _____ Cell phone: _____
Father: _____ Cell phone: _____
Insurance Company: _____ Policy Number: _____

ALLERGIES - Please specifically detail any allergies

Medications: _____
Foods/Beverages: _____ EpiPen required? _____
Substances/Insects/Other: _____ EpiPen required? _____

MEDICAL/SURGICAL CONDITIONS – Please note in detail

Medical conditions, health problems/chronic illness or recent medical/surgical treatments:

NON-PRESCRIPTION MEDICATIONS

Do we have permission to administer/apply the following: (Circle YES or NO)

Yes or No	Tylenol (may be supplied as Tylenol or generic)
Yes or No	Ibuprofen (May be supplied as generic, Motrin, or Advil)
Yes or No	Benadryl (oral medication for allergic reactions –25-50mg dosage)
Yes or No	Benadryl (Spray/Cream) for allergic skin reactions (rashes/insect bites)
Yes or No	Antibiotic Ointment

PRESCRIPTION MEDICATION

Students taking prescription medication(s) must bring the medication(s) to the trip leader, along with the front and back of this form clearly and completely filled out. **All prescription medication must be in a pharmacy labeled prescription bottle, and will be dispensed by a designated Wesleyan faculty member.** The bottle and the parent's dosage instructions MUST match. Prescription medication(s) will not be dispensed if there is a discrepancy between the instructions and the labeled prescription bottled. **No medication will be dispensed from a bag/envelope.** Students may carry their own Epi-Pens and inhalers.

AUTHORIZATION AND CONSENT TO ADMINISTER MEDICATIONS AND MEDICAL TREATMENT

I release the Board of Trustees, the school, and any school employee from liability for administering any authorized medication and first aid to my child. I hereby request that Wesleyan School, through its designated authority, assist and/or supervise in the administering of medication to my child, _____, according to the instructions contained on this form. Understanding that my child may need emergency treatment during the Wesleyan School Field Trip, I authorize the school through its faculty or other qualified persons, to administer such first aid and/or other minor medical treatment that shall be deemed best under the circumstances, including the use of an EpiPen for severe allergic reactions, and I consent for my child to receive such treatment. I understand that the school will attempt to notify me or my spouse in the event of an emergency requiring immediate medical care, and if the school is unable to notify me, I consent to have my child treated by a duly qualified physician at the nearest emergency facility. I acknowledge that it is my responsibility to keep my child's records current to reflect any allergies, medical/physical conditions, and communicable disease. I also understand the obligation to provide medical insurance for my child rests with me as a parent or guardian.

Parent or Legal Guardian's Signature

Date

AUTHORIZATION TO ADMINISTER MEDICATIONS WHILE ON FIELD TRIP

Student _____

MEDICATION #1

Name of Medication: _____

Exact Dosage: _____

Time(s) to be administered: _____

Reason for medication: _____

Possible side effects: _____

Suggested first aid for side effects: _____

MEDICATION #2

Name of Medication: _____

Exact Dosage: _____

Time(s) to be administered: _____

Reason for medication: _____

Possible side effects: _____

Suggested first aid for side effects: _____

MEDICATION #3

Name of Medication: _____

Exact Dosage: _____

Time(s) to be administered: _____

Reason for medication: _____

Possible side effects: _____

Suggested first aid for side effects: _____

Physician's Name: _____

Phone#: _____

Parent/Guardian Signature