

2011-12 WESLEYAN SCHOOL

Medical Information and Consent for Treatment for Overnight Trips:

Name of Trip: _____ Dates of Trip: _____

Student Name: _____ Grade: ____ Age: ____ Birth date: _____

Home Phone: _____

Mother: _____ Cell phone: _____

Father: _____ Cell phone: _____

Alternate emergency contact: _____ Ph. Numbers: _____

Insurance Company: _____ Policy Number: _____

Member ID: _____

Physician: _____ Physician phone number: _____

MEDICAL/SURGICAL CONDITIONS – Please note in detail

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

ALLERGIES - Please specifically detail any allergies

Medications: _____

Foods/Beverages: _____ EpiPen required? _____

Substances/Insects/Other: _____ EpiPen required? _____

Other: _____

NON-PRESCRIPTION MEDICATIONS (Nurse/trip leader will have these medications available)

If necessary, do we have permission to administer/apply the following: (Circle Yes or No)

Yes or No **Acetaminophen** (may be supplied as generic or Tylenol)

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 nurse/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 pills 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

MEDICATIONS ON SCHOOL-SPONSORED TRIP

Complete this form if student will need to take scheduled medicine during the trip, or will be carrying an EpiPen, Inhaler or diabetic supplies.

- All medicine on this trip will be dispensed by the nurse/trip leader. They will have a supply of over-the-counter medication listed on the opposite page. If your child will need to take daily medication, please complete the bottom section of this form. All prescription medicine must be in a pharmacy bottle/box with student name and pharmacy label. Over the counter medicine must be in the original container, with student's name written clearly on it. ***Due to space limitations, please send only the amount of medicine needed for the duration of the trip. Do not send pills in plastic bags or envelopes.*** Please place all medicine in the original container inside a Ziploc bag, clearly labeled with student's name. The nurse/trip leader needs to receive all medicine before trip departure.
- If your child has an Epipen, inhaler, or diabetic supplies, please complete information below. Middle School and High School students may carry these medications with them (preferred), but trip leader/nurse needs to be aware of this.
- Parents must pick up all remaining medications from the MS/HS Infirmary within 10 days from the return of the trip, or they will be discarded.

Student: _____

MEDICATION #1

Name of Medication: _____

Exact Dosage: _____

Time(s) to be administered: _____

Reason for medication: _____

Possible side effects: _____

MEDICATION #2

Name of Medication: _____

Exact Dosage: _____

Time(s) to be administered: _____

Reason for medication: _____

Possible side effects: _____

MEDICATION #3

Name of Medication: _____

Exact Dosage: _____

Time(s) to be administered: _____

Reason for medication: _____

Possible side effects: _____

Parent Signature: _____ Date: _____