

WILLIAM ANNIN MIDDLE SCHOOL
8th Grade Washington D.C. Trip
EMERGENCY MEDICAL INFORMATION FORM

ALL MEDICATION REQUESTS (**INCLUDING ALL OVER-THE COUNTER DRUGS – ZYRTEC, MOTRIN, CLARITIN, ETC**) MUST BE SUBMITTED TO OUR NURSES by March 5, 2012.

No student will be allowed to attend this trip without this form filled out and signed by the parent/guardian. (This form will be confidential and kept by the school trip leader/Nurse).

Student Name: _____

Homeroom #: _____ Homeroom Teacher: _____

Date of Birth: _____ (month/day/year)

CONTACT INFORMATION:

Home Address _____

Home Telephone # _____

Emergency Telephone # _____ (other than home)

Name at Emergency # _____

INSURANCE INFORMATION: Company _____

Policy # _____

MEDICATION POLICY

Bernard's Township school policy 5330 requires that any medication including over the counter medications (except Tylenol, if approved in writing on the emergency card) requires a completed Request to Administer Medication Form containing the following information:

- Parental Permission.
- Physician's Order, Diagnosis, Medication, Dosage, Route, Time, Side Effects, Length of treatment, Activity restrictions.
- Medications must be delivered in the **original labeled bottle to the school nurse by parent/guardian**. Students may not bring medications to school on their person or in his/her backpack.

SPECIAL CONSIDERATIONS: (Medications - type and when to be administered, physical disorders, allergies)

Parent Name: _____

Parent Signature: _____ Date: _____

TO ANY DOCTOR OR HOSPITAL: THE ABOVE SIGNATURE CONSTITUTES AUTHORIZATION TO PERFORM ANY NECESSARY EMERGENCY TREATMENT OF MY CHILD DURING THE SCHOOL TRIP TO AND FROM WASHINGTON D.C.