

MEDICATION FORM FOR FIELD TRIPS

St. Luke's School 10 Waldron Avenue Barrington, RI 02806

Student's Name: _____

Birth Date: _____ Grade: _____

Date of off-site school-sponsored activity: _____

Where is the activity: _____

Medication/s to be provided by school nurse to teacher in charge of off-site school-sponsored activity:

****All medications supplied must be in the originally labeled container with instructions by licensed health care provider****

****ALL MEDICAL CONCERNS, GIVE MEDICATION(S) PER THE DOCTOR'S ORDER****

- I request and authorize that the above named student have the medication/s listed above with him/her on the above mentioned off-site school-sponsored activity.
- I authorize the school nurse (or qualified personnel in her absence) to gather above mentioned medication/s for activity.
- It is my responsibility to check with the school nurse prior to the activity that the above mentioned medication/s is currently at school and has not expired.
- If medication/s listed above is not currently at school or it is expired it is the responsibility of the above mentioned student's parent/guardian to provide the school with proper medication needed for the activity.

I request and authorize that the above named student be administered the above identified medication in accordance with doctor's orders for the period commencing with the ____ day of _____, _____ through the ____ day of _____, _____ as there exists a valid health reason which make the administration of the medication advisable during time at an off-site school sponsored activity.

I understand that medication/s will not necessarily be given by a school nurse. In addition, medicine/medical information may be shared with school staff working with or supervising my child and 911 emergency staff. Such medication may be administered by medically non-licensed school personnel.

Parent/Guardian Signature _____ Date _____

CATHOLIC MUTUAL GROUP

FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____

Date of birth: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____

Parent or guardian's name

Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from _____.

Name of parish/school

A brief description of the activity follows:

Type of event: _____

Date of event: _____

Destination of event: _____

Individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____ Parish/School its officers, directors, employees and agents, and the Diocese of Providence, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Providence, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Providence.

Signature: _____ Date: _____

APPENDIX K

Catholic Mutual Group Field Trip Form
January 2010
Revised January 2, 2015

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Diocese of Providence, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____
Immunizations: Date of last tetanus/diphtheria immunization: _____
Does child have a medically prescribed diet? _____
Does child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleep walking, bed wetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
