

4J Extended Field Trip – Elementary Schools
STUDENT HEALTH & EMERGENCY INFORMATION

STUDENT:	DATE OF BIRTH:	
SCHOOL:	TEACHER:	GRADE:
FIELD TRIP:	TRIP DATES:	

In the event that your child falls ill or injured during the trip, 4J school staff will make every attempt to notify you and seek emergency medical assistance for your child.

EMERGENCY CONTACTS					
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">#1</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">Name</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">Relation</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">Best Phone #</td> </tr> </table>			Name	Relation	Best Phone #
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*The information you provide below will be used and shared **only** in the interest of safeguarding your child during the trip. Please write clearly.*

ALLERGIES:	SIGNIFICANT MEDICAL CONDITIONS:
___ medication(s): ___ food(s): ___ bee/insect bites/stings ___ poison oak ___ grass/pollen ___ latex ___ other: <div style="text-align: right;">___ NONE</div>	___ asthma ___ severe allergies ___ seizures ___ diabetes ___ bleeding disorder ___ other: <div style="text-align: right;">___ NONE</div>
DIETARY RESTRICTIONS:	ACTIVITY RESTRICTIONS:
___ NONE	___ NONE
OTHER SPECIAL PRECAUTIONS, INSTRUCTIONS, CONCERNS, ETC.:	
___ NONE	

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In the event of an emergency, EMS often requests a list of current medications, supplements, etc. Please list any that your child uses regularly or for emergencies. Please indicate which ones you will be sending to camp. With your signature below, this serves as the authorization to administer those meds.

ALL CURRENT MEDICATIONS, SUPPLEMENTS, ETC:			
___ NONE			
Medication	Dose	Time(s)	For
Medication	Dose	Time(s)	For
Medication	Dose	Time(s)	For
Medication	Dose	Time(s)	For

Per 4J District Policy, NO MEDICATION (prescription or non-prescription) may be administered to any student without the prior, written authorization of the parent/guardian.

YES, I authorize trained school staff to administer ONE oral, standard, age-based dose of Acetaminophen/Tylenol ONLY FOR:

- UNANTICIPATED MINOR HEADACHE
- FEVER >100F

YES, I authorize trained school staff to administer ONE oral, standard, age-based dose of Diphenhydramine/Benadryl ONLY FOR:

- UNANTICIPATED ITCHY EYES/RUNNY NOSE DUE TO ENVIRONMENTAL ALLERGENS (e.g. pollen/grass)
- MINOR SKIN IRRITATION (i.e. localized itching or rash)

MY CHILD REQUIRES OTHER ESSENTIAL or EMERGENCY MEDICATION FOR THIS TRIP*
Please list medication above.
With your signature below, this serves as the authorization to administer those meds.

In signing below, I attest that I am a legal guardian of the above-named child. I have read and understood the above, provided the requested information, and acknowledge that there are risks associated with any school-sponsored activity. All permissions granted above are only valid for the duration of the above-named field trip.

Parent/Guardian Signature: _____ **Date:** _____