

CHERRY HILL PUBLIC SCHOOLS
FIELD TRIP FORM -- MEDICAL INFORMATION

Student Name: _____ Grade/House 8th grade
 Destination: 8th grade Washington DC Date of Trip: Tuesday, June 2, 2020

Your child's class will be away from school on a field trip on the date indicated above. According to the Cherry Hill Public School Administrative Procedure M-10, medication MUST be administered by a Certified School Nurse. Every effort is being made to secure a substitute nurse to accompany your child's class on this trip. However it is possible that a substitute may not be available. Please read the information below carefully. If your child is not taking any medication please indicate below. If your child is taking medication, please indicate below how you would like to handle this.

Contact's Name	Cell #	Home #	Work #
Mother/Guardian #1			
Father/Guardian #2			
Emergency Contact			
Students Cell	-----	-----	-----

Physician's orders MUST be on file with the Nurse for ALL medications to be administered by the nurse, to self carry and self minister, and/or to withhold. List ALL medications your child will need on this trip, including over-the-counter medications.

Medication	Dose	Diagnosis/Purpose

- _____ No medication is needed.
- _____ My child's medication dose may be withheld on the field trip, as noted on the medication orders.
- _____ I will be serving as a chaperone on this field trip and I will dispense medication to my child.
- _____ My child has asthma and will be taking his/her inhaler from home. (MS & HS Only)
- _____ My child has a life-threatening allergy and will be taking his/her EpiPen from home. (MS & HS Only)
- _____ My child will not be going on the Field Trip.

Authorization for Self Administration of Asthma Inhaler and/or Epinephrine Medication Only by Pupil Form MUST be on file with the school nurse

Medical/Treatment Consent:

I hereby give my written consent for my child to receive emergency care as necessary while he/she is participating in activities with the Cherry Hill Public Schools.

Parent's Signature and Print Name

Date

Please sign and return this form to the school nurse.

Mrs. Michelle Taylor RN, BA
 School Nurse
 856-667-1220, Ext. 3561 & 3566
 Main Office fax: 856-779-0613

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