

Burris Laboratory School
Overnight Field Trip/Camp Health History, Consent to Treatment
Medication Consent OTC & Prescription, Health info & consents, Dietary concerns

Field Trip: _____

Dates: _____ Sponsor: _____

Student General Information:

Student Name: _____ Date: _____

DOB: _____ Address: _____

Parent: _____

Phone: _____ Work Phone: _____

Parent: _____

Phone: _____ Work Phone: _____

Medical Information

Physician: _____ Phone: _____

Date of last Tetnus, Dtap, TD, Tdap: _____

Health Insurance: _____

Policy # _____ Group # _____

You must attach a copy of front and back of current insurance card

List Allergies Food, Medicine, etc: _____

Type of Reactions: _____

Please list any dietary restrictions that are medically needed: _____

Will student bring Epi-pen or Auvi-Q and Benadryl? Yes No

List Medical Diagnosis/Health History: _____

Does your student have any Medical conditions that your or your physician feel would limit physical participation in field trip/camp? Yes No

If yes explain: _____

Is your student currently taking any medication that may interfere with ability to safely participate in field trip/camp? Yes No

If yes explain: _____

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Prescription Medication

I give my permission for my child to participate in the above mentioned school related field/camp. All health information provided by me is correct and accurate to the best of my knowledge. I authorize trained school personnel, volunteer nurses to administer medications while on field trip/camp. **Parent initial:**_____

- All medications MUST be in original pharmacy bottles
- Please send only amount of medication needed for field trip/camp
- Only medically necessary prescription medications should be brought
- Labels should be intact on pharmacy bottles with proper medication and students name and dosing instructions
- ONLY emergency medications will be permitted as self carry such as inhalers and epi-pens
- If my student require food as part of a medical treatment, parent is to supply those needs
- All medical supplies for chronic conditions will be supplied by parents
- Controlled medications will be kept with staff/nurse to comply with school policies: students are not permitted to self administer controlled substances

Medications to be completed by physician: Please complete or attach order for all prescription medications that will be needed during school field trip/camp.

Medication:_____ **Dose:**_____

Frequency/Time:_____ **Dose form:**_____

Diagnosis for Medication:_____

Medication:_____ **Dose:**_____

Frequency/Time:_____ **Dose form:**_____

Diagnosis for Medication:_____

Medication:_____ **Dose:**_____

Frequency/Time:_____ **Dose form:**_____

Diagnosis for Medications:_____

*For epi-pens and rescue inhalers: Student has been instructed by the physician in the proper uses and may carry inhaler/epi-pen on them. Physician initial:*_____

Printed Physician Name:_____

Physician Signature:_____ **Date:**_____

Address:_____ **Phone:**_____

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Over The Counter Medication

- Only Acetaminophen, /Tylenol, Advil/Ibuprofen, cough drops, Tums, Midol, Tylenol Headache, Advil Migraine will be accepted.
- **No cough syrup, herbal, vitamins, supplement, will be administered unless a physician's order is present.**
- Parents will supply OTC medications except ones provided by school.
- OTC medications will be administered per manufacturers guidelines. Otherwise, a physician's order will need to be presented.
- OTC Zyrtec, Clariten, Allegra will be accepted.
- OTC medications must be in original pharmacy packaging/bottles.
- Labels on bottles must be intact

Medication: _____ Diagnosis: _____

Medications: _____ Diagnosis: _____

Medicaitons: _____ Diagnosis: _____

As the Parent of student _____ I understand that the information requested on this form is intended to help in my student's care and safety. In case of an emergency situation this information will help in the quick treatment of my student. Parents are responsible for providing accurate medical history. It is recommended that you consult with your physician prior to this field trip/camp.

- I understand that Ball State University does not provide any health insurance for my student participating on this field trip/camp.
- I give permission for staff involved on this field trip/camp to seek medical care for my student in the event of illness, injury or medical emergency and to release medical information as needed on this form for their health care.
- Efforts will be made to notify parents/guardians prior to seeking care for injury, illness or medical emergency.
- I grant permission for trained staff/volunteer nurses to administer medications and first aid to my student during this trip/camp.
- As the parent/guardian I understand and acknowledge that my failure to disclose relevant medical information may result in harm or delay in care during this field trip/camp.
- I understand that staff and volunteers will exercise precautions to protect students. However, in the event of an accident, I agree to hold harmless Ball State University, Teacher's College, Burriss Laboratory School, Ball State university employees and volunteers from any liabilities for said accident.
- Parent is to complete this form completely and bring all medications and chronic disease supplies to clinic two days prior to field trip/camp.
- As the parent/guardian of the above student, I hereby give permission for him/her to attend _____ from Dates: _____

Signature _____ Date _____

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Emergency Contacts:

In case of Emergency, if Parents listed are unable to be reached please list someone authorized as emergency contacts.

Contact: _____ Relationship: _____

Phone: _____ Work: _____

Contact: _____ Relationship: _____

Phone: _____ Work: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent Initials: _____ Date: _____

Dietary Concerns:

Please list any medically necessary dietary restrictions/concerns: _____

Restrictions are due to what diagnosis: _____

Please list any other special dietary concerns such as vegan or vegetarian diets: _____

At times desserts or s'more night at the campfire food items may contain nuts. If your student has a nut allergy you may provide nut safe desserts or items for s'mores.

If your student has a special diet such needing soy or almond milk you may provide this for camp.

If your student has a special diet such as vegan or vegetarian you may send a cooler with appropriate food items for the days at camp.

Please make sure that any food items/meals that are sent are already made and only require heating up not food prep/cooking.

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Student: _____ DOB: _____

Parent: _____ Date: _____

Home: _____ Cell: _____

Burris Laboratory School will provide Tylenol, Ibuprofen, Diphenhydramine, and generic cough drops for student use while on the Overnight Field Trip/Camp Crosley. Please review each of the four OTC products and complete the information for each product you give permission to be administered as needed to your student. OTC products will only be given for appropriate needs and dosages per manufacturers directions. **If your student requires liquid Tylenol, ibuprofen or diphenhydramine you will need to provide.**

Acetaminophen (generic for Tylenol) 325mg _____ tab(s) every _____ hours as needed for _____

Date _____ Signature _____

Ibuprofen (generic for Motrin, Advil) 200mg _____ tab(s) every _____ hours as needed for _____

Date _____ Signature _____

Diphenhydramine (generic for Benadryl) 25mg _____ tab(s) every _____ hours as needed for _____

Date _____ Signature _____

Generic Cough Suppressant Drops 1 lozenge every _____ hours as needed for _____

Date _____ Signature _____

This part must be completed if your student has not completed any portion of the prescription medication, OTC medications.

My student _____, requires no routine medication to be given during camp. I have also reviewed the listed over the counter medications which are available during camp and I do not want my student to receive any of these medications.

Date _____ Signature _____
