

**BIG SPRING SCHOOL DISTRICT  
FIELD TRIP PERMISSION AND MEDICATION USAGE**

**Student Name:** \_\_\_\_\_  
**Field Trip Place:** \_\_\_\_\_  
**Field Trip Date:** \_\_\_\_\_

**Parent/Guardian Permission**

I give permission for my student to participate in the above-named field trip and authorize emergency medical treatment if needed.

**Parent/Guardian Signature** \_\_\_\_\_

**Emergency Contact Information for Use During the Field Trip**

Please provide the name and telephone number of a person to call in case of an emergency during the field trip.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical History and Medication Use During the Field Trip**

**Does your child have any significant medical problems?** Yes  No

If yes, please give details below or on the back of this form.

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have a SERIOUS allergic reaction to bee stings, food, or any other item?**

Yes  No  If yes, please give details below or on the back of this form.

\_\_\_\_\_  
\_\_\_\_\_

**Does your child need to take medication during the field trip?** Yes  No

If yes, please list all prescription or non-prescription medication that the student must take on the field trip including medications taken daily at school, inhalers, etc.

\_\_\_\_\_  
\_\_\_\_\_

**The following guidelines apply to medication usage on a field trip.**

1. The parent/guardian is responsible to provide all medications needed for a field trip. However, medication taken routinely during school hours will be sent on the field trip using the supply available at school.
2. Medications to be administered on a field trip must be given to the Nurse at least two days prior to the trip.
3. Medications must be in the original, labeled prescription container or in the original store package for non-prescription medications. Your student may carry his/her inhaler with written permission from you and the doctor.
4. All prescription medication requires a physician order and signed parent permission. This form can be obtained from the Nurse.

***This form MUST be completed by a parent or guardian.***