



OUT-OF-TOWN OR OVERNIGHT TRAVEL WITH NURSE
FIELD TRIP AGREEMENT AND STUDENT INFORMATION
FORM

Today's Date: _____ This is to certify that (print): _____ has my permission
to make the trip to _____ from (date) _____ to (date) _____
with _____

I have received and read the Out-of-Town or Overnight Travel Field Trip Booklet (the "booklet"), and
acknowledge that its requirements are incorporated herein.

Health Information: Check all that apply:

- Asthma Medication, Allergies, Seizures, Diabetes, Heart/Lung, Wears Contacts, Mental Health, Autism, Other

Explain checked boxes and identify any other health concerns: _____

Parent/Guardian (please print) Phone (home) Phone (cell)

Emergency Contact (please print) Phone (home) Phone (cell)

Insurance Information:

Insurance Provider Provider's Phone Number Insurance Policy Number

Insured's Name Insured's Employer Employer Phone Number

Request for Administering Prescription Medications to Students: (medications must be in pharmacy
container with prescription label properly affixed to the medicine in question)

- I request that my child be allowed to take the prescription (name) _____
as prescribed by our physician while on the trip. I have read and complied with the requirements for
doing so set forth in Part III of the booklet.
I request that my child be allowed to carry and use a self-administered metered dose inhaler containing
rescue medication and/or an Epi-Pen as prescribed by our physician. I have read and complied with
the requirements for doing so in Part III of the booklet.

Administration of Over-the-Counter ("OTC") Medication: (OTC medications must be in original container
and used according to the physician's signed written directions which must be attached to this document).
Further explanation is contained in Part III of the booklet.

- I give permission for a Rockwood representative to administer _____
to my child according to the recommended dosage instructions.
I give my permission for a Rockwood representative to administer standing order medications per
labeled dosing. For a list of standing order medications, see page 2.

My child and I have read, understand and agree to abide by the requirements set forth in this agreement, the
booklet and all other expectations and rules set forth by the Rockwood School District and its representatives,
including those accompanying students on this trip. I have also received and executed the Out-of-Town or
Overnight Travel Field Trip Permission to Participate, Release of Liability and Indemnity Agreement (Form #5006).

I further agree that in an emergency any Rockwood representative may transport my child to a hospital/medical
facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or
emergency care deemed necessary.

Parent/Guardian (please print)

Parent/Guardian signature

Student Name (please print)

Student Signature



OUT-OF-TOWN OR OVERNIGHT TRAVEL WITH NURSE FIELD TRIP AGREEMENT AND STUDENT INFORMATION FORM

Rockwood's School Health Services, in collaboration with the District's consulting physician, have agreed to the administration of certain over-the-counter (OTC) medications according to the physician's standing order. Listed below are the OTC medications that, based on professional nursing assessment and judgment, may be administered to students who have parental permission (see reverse "Consent"). Our goal is to minimize both absenteeism and student discomfort while in the school setting and to maximize instructional time. Dosing of medication will be according to the package labeling based on age/weight. Some medications are listed by brand names to assist in recognition of the medication, although a comparable brand or generic equivalent may be stocked.

<p><u>Oral Medications</u></p> <p>Tylenol (acetaminophen) for minor pain, fever reduction Advil/Motrin (ibuprofen) for minor pain, fever reduction Benadryl (diphenhydramine) for hives, itching Tums (calcium carbonate) for indigestion, upset stomach Throat lozenge for cough or sore throat (grades 6-12)</p>	<p><u>Topical Medications</u></p> <p>Bactine (anti-septic liquid) for wound cleaning Neosporin (triple antibiotic ointment) for minor wounds or abrasions A&D Ointment (petrolatum and lanolin) for skin irritation Blistex (topical emollient) for chapped lips, cold sores Orajel (benzocaine) for oral lesions, tooth pain Chloraseptic (phenol) spray for sore throat Caladryl (pramoxine) for rashes, itching Hydrocortisone cream 1% for rashes, itching Benadryl (diphenhydramine) topical for rashes, itching Sting Kill (benzocaine) for insect bites and stings Solarcaine (lidocaine) for minor burns Water Burn Gel (lidocaine) for minor burns QR Powder for prolonged nosebleeds Muscle balm for muscle aches Mouthwash for mouth refreshment</p>
<p><u>Eye Medications</u></p> <p>Eye wash solution for irrigation, rinsing of eyes Eye drops for dry eyes Multi-purpose solution for contact lens care Antihistamine eye drops for itchy eyes</p>	