



STUDENT HEALTH INFORMATION FOR OVERNIGHT FIELD TRIPS

Student Name _____ Sex M F Date of Birth _____ Grade _____
Address _____

Parents/Legal Guardians

Name _____ Relationship to Student _____ Home Phone _____
Place of employment _____ email _____ Work Phone _____ Cell _____
Name _____ Relationship to Student _____ Home Phone _____
Place of employment _____ email _____ Work Phone _____ Cell _____

Physician's name _____ Phone Number _____

Please indicate **yes** or **no** of any factors or medical conditions of which school officials should be aware:

_____ ADD/ADHD _____ Diabetes * _____ Medications taken regularly* _____ Serious illness or
_____ Allergies* _____ Disability _____ Recent surgeries _____ accident
_____ Asthma* _____ Hearing/Vision _____ Seizure (Disorder or history of)* _____ Other

**Please see school nurse for additional forms to complete*

Please explain fully any "yes" answers _____

I request that Frisco ISD personnel administer the following medications to my child while on the field trip. All medications must be in the original container and must be properly labeled. I do hereby release the Frisco ISD, its agents, servants, employees and medical advisors from any and all liability in connection with the administration of this medication.

Medication: _____	Medication: _____
Time: _____	Time: _____
Dosage and Route: _____	Dosage and Route: _____
Reason medication given: _____	Reason medication given: _____
_____	_____

District approved medications include: Acetaminophen (Tylenol), Ibuprofen (Advil/Motrin), Tums, Benadryl, Cough drops, and Throat strips. Generic equivalents are acceptable.

Parent/Guardian Signature _____ **Date** _____

MEDICATION POLICY GUIDELINES

The district shall not purchase oral nonprescription medication for students.

In order for students to receive *district-approved oral nonprescription medication (Tylenol, Advil, Benadryl, Tums, Cough Drops, & Throat Strips)* while at school, the parent/guardian must complete & sign the Request for Administration of Medication form & the parent/guardian should bring the age-appropriate medication to the school nurse in the original container (smallest container available) & must be properly labeled. The nurse may give up to 10 doses of the district-approved oral nonprescription medications. When students take 10 doses of a medication, the parent/guardian will be notified a doctor's note will be needed in order to continue to give the student the medication.

All other nonprescription medication must have a doctor's note and must be in the original container & must be properly labeled. The parent/guardian must complete & sign the Request for Administration of Medication form & the parent/guardian should bring the medication to the school nurse.

All prescription medication that cannot be scheduled for other than school hours may be given at school. The parent/guardian must complete & sign the Request for Administration of Medication form and the parent/guardian must bring the medication to the school nurse. The medication must be in the original container & must be properly labeled.

When the duration of the medication is completed, unused portions of the drug should be picked up by the parent/guardian. Any abandoned or expired medication not picked up by the parent/guardian at the end of the school year will be disposed of properly by Frisco ISD via an authorized medical waste management contractor.

A list of medications that are used in the school clinic for First Aid is available on request from the school nurse. Please contact your school nurse with any questions.

EMERGENCY PROTOCOL

Protocols established by the District's Medical Advisor are available on request from the school nurse. Please contact your school nurse with any questions.

AED's, Epi-Pens, & Albuterol Sulfate Inhalation Solution by nebulization may be used to assist students in an emergency situation.