NEWTON PUBLIC SCHOOLS
Equity & Excellence

NEWTON PUBLIC SCHOOLS
100 Walnut Street
Newton, MA 02460

OVERNIGHT FIELD TRIP MEDICAL FORM

FOR ALL IN-STATE, OUT-OF-STATE, AND INTERNATIONAL TRIPS

Student Emergency Contact and Medical Information

Child's Name (Last, First, Middle) | Date of Birth | M F **Gender**

Parent/Guardian Name

Home Phone Cell Phone

Address

City, State ZIP Code

Parent/Guardian Name

Home Phone Cell Phone

Address

City, State ZIP Code

Alternate Emergency Contacts

If parent(s)/guardian(s) are not immediately available.

Primary Emergency Contact

Relationship to Student

Home Phone Cell Phone

Address

City, State ZIP Code

Secondary Emergency Contact

Relationship to Student

Home Phone Cell Phone

Address

City, State ZIP Code

Health Information

Provide detailed information on the following pages as this form will be used should your child require emergency medical care.

Attach to this form:

1) **Student's immunization record**
2) **Student's health insurance card(s)**

Does your child have any of the following:
Allergies ☐ Yes ☐ No
If yes, list all allergies and treatment plan, including medication:
Asthma ☐ Yes ☐ No
If yes, list treatment plan, including medication:
Seizures ☐ Yes ☐ No
If yes, list treatment plan, including medication:
Diabetes ☐ Yes ☐ No
If yes, list treatment plan, including medication:
List all other health issues, including mental health issues, and treatment plan, including medication:
List activity restrictions and/or needed accommodations for your child:

MEDICATION

All prescription medication must be in a pharmacy-labeled container.
All over-the-counter medication must be in the manufacturer's container.

SELECT A or B FOR ADMINISTRATION OF MEDICATION

A. Medication to be Administered by Staff ☐

List all medication (prescription and over-the-counter) to be administered by staff

NAME OF MEDICATION	DOSE	TIME TO BE GIVEN	NUMBER OF DOSES PER DAY	POSSIBLE SIDE EFFECTS

Consent and Release – Medication to be Administered by Staff

My child will NOT carry over-the-counter or, prescription medication on this field trip.

I/We, the undersigned parent(s)/guardian(s), give permission to the field trip teacher(s)/chaperone(s) to administer the above medication to my child or to supervise my child in taking the above medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton Public Schools, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

Parent/Guardian Signature _____ Parent/Guardian Name (Please print) _____ Date _____

B. Medication to be Administered by Student (Self-administered) ☐

List all medication (prescription and over-the-counter) to be administered by student (Self-administered)

NAME OF MEDICATION	DOSE	TIME TO BE GIVEN	NUMBER OF DOSES PER DAY	POSSIBLE SIDE EFFECTS

Consent and Release Medication to be Administered by Student (Self-administered)

I/We, the undersigned parent(s)/guardian(s) give permission for my child to self-administer the above medication and understand that no Newton Public Schools (NPS) employee will be administering the medication. If my child is residing with a host family without any NPS staff, I understand that NPS will not be supervising my child's self-administration of medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

Parent/Guardian Signature _____ Parent/Guardian Name (Please print) _____ Date _____

PERMISSION FOR EMERENCY TREATMENTCARE

I understand that parents/guardians will be contacted for any serious illness or accident. In the event of a medical emergency, **I, the parent/guardian, hereby give permission for hospitalization and/or proper medical treatment for my child by health care providers selected by the trip leader/host family.**

List of Chaperones/Host Family Members

Parent/Guardian Signature _____ Parent/Guardian Name (Please print) _____ Date _____