

**Lexington Public Schools
Field Trip Health and Permission Form**

School:	Grade:	Teacher:
Student's Name:		Date of Birth:
Address:		Home Telephone:
Parent/Guardian Name:		Parent/Guardian Name:
Work Phone:		Work Phone:
Cell Phone:		Cell Phone:
If you plan to be out of town during any part of the field trip, please indicate how we may contact you.		
General Health Information:		
Date of most recent TETANUS shot:	Known allergies:	Physical limitations:
Known health problems:		Other:
Insurance Information (required for all participants):		
Insurance Company Name:		Insurance Policy Number:
Physician's Name:		Physician Telephone:
Dentist's Name:		Dentist's Telephone:
Emergency Contacts:		
Name:		Telephone:
Name:		Telephone:
Medical Information:		
<p>The Lexington Public Schools' Field Trip Policy requires that medication for any child in <i>grades K-8</i> be submitted to the school nurse prior to the trip. If this is an emergency medication (i.e., inhaler, Epi-pen, etc.), please indicate whether the student has been instructed on how to self-administer and if he/she may do so:</p> <p style="text-align: center;">Yes _____ No _____</p> <p>Does your child have any current medical condition that requires medication during the duration of the field trip?</p> <p style="text-align: center;">Yes, School Order on File _____ Yes _____ No _____</p> <p>If yes, please describe the nature of the condition and provide specific instructions for the dispensing of medication while on this trip.</p> <p>Medication _____ Dosage _____</p> <p>Reason for taking medication _____</p> <p>Prescribing physician _____ Telephone _____</p> <p>Time(s) to be dispensed _____ (specify morning/afternoon/evening)</p> <p>Period of time: from _____ to _____</p> <p>Students needing to self administer medications on an out of state field trip:</p> <p style="text-align: center;">Student will hold medication _____ Chaperone will hold medication _____</p> <p>Physician's Signature (only required for overnight trips) _____ Date _____</p> <p>Parent/Guardian's Signature _____ Date _____</p>		
Field Trip Emergency:		
Should an emergency arise in which treatment by a qualified physician is required. I herewith give permission for my child, _____ to receive treatment, and I herewith give his/her teacher/chaperone permission to act in my name during the period of the field trip. Every effort will be made to contact parents prior to reaching a decision of this nature.		
Field Trip Permission:		
I give my child, named above, permission to travel on the field trip to _____ on _____.		
Parent/Guardian Signature: _____		Date: _____
PAYMENT MADE BY: CHECK _____ or ONLINE PAYMENT _____		

The Release from Liability and Indemnity Agreement must be completed on the reverse side