

NEWTON PUBLIC SCHOOLS

100 Walnut Street Newton, MA 02460

	TATE, OUT-OF-STATE, AND INTERNATIONAL TRIPS	
Student Em	ergency Contact and Medical Information	
Child's Name (Last, First, Middle	Date of Birth	M F
Parent/Guardian Name	Parent/Guardian Name	
Home Phone Cell Phone	Home Phone Cell Phone	
Address	Address	
City, State ZIP Code	City, State ZIP Code	
	Alternate Emergency Contacts	
If parent(s)/	guardian(s) are not immediately available.	
Primary Emergency Contact	Secondary Emergency Contact	
Relationship to Student	Relationship to Student	
Home Phone Cell Phone	Home Phone Cell Phone	
Address	Address	7. (2.000)
City, State ZIP Code	City, State ZIP Code	12 =

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)

OVERNIGHT FIELD TRIP MEDICAL FORM

- Lillian and of the following:
Does your child have any of the following: Allergies
Allergies
If yes, list all allergies and treatment plan, mercang mesons
Asthma □ Yes □ No
If yes, list treatment plan, including medication:
iii yes, iise d ea a
·
Seizures □ Yes □ No
If yes, list treatment plan, including medication:
Diabetes
If yes, list treatment plan, including medication:
and treatment plan, including
List all other health issues, including mental health issues, and treatment plan, including
medication:
List activity restrictions and/or needed accommodations for your child:
LIST ACTIVITY TESTITICTIONS and or violates

	ation must be	in a pharmacy-labe	led container.							
All over-the-counter m	edication mu	ist be in the manufa	cturer's container.							
SELECT A or B FOR ADI	MINISTRATIO	N 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							
		THILE TO BE GIVEN	TROMBER OF BOSES PER DAY	LOSSIBLE SIDE ELLECT						
		,		7						
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				_						
Consent and Release - Med	dication to be	Administered by Staf	<u>f</u>							
My child will NOT carry ove	r-the-counter	or, prescription medic	ation on this field trip.							
We, the undersigned pare	nt(s)/guardian	(s), give permission to	the field trip teacher(s)/	changrong(s) to						
dminister the above medic	cation to my ch	aild or to supervise my	child in taking the above	modisation Lagra						
release, indemnify and h	old harmless t	he City of Newton the	Nowton Dublic Cobacle	medication. Tagre						
ommittee and their omnlo	vioos and agan	te from and animate	Newton Public Schools, 1	the Newton School						
ommittee and their emplo	yees and agen	its from and against ar	ly claim either I or my chi	ld may have as a						
esult of any act or omission	i which may ai	rise out of this authori	zation.							
Parent/Guardian Sign		Dament / Consulting A	I (DI)	Date						
Parent/Guardian Signature		Parent/Guardian i	Parent/Guardian Name (Please print)							
B. Medication to be Ad	lministered b	v Studont /Salf adm	(Increased)							
5. Iticalcation to be Au		y student (sen-adn	iinisterea)							
List all modication (mass			4 2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 2						
List all medication (pres	cription and o	over-the-counter) to	be administered by stu	ıdent						
List all medication (prese (Self-administered)	cription and o	over-the-counter) to	be administered by stu	ident						
List all medication (pres	Dose Dose	TIME TO BE GIVEN	be administered by stu Number of Doses per Day	POSSIBLE SIDE EFFECTS						
List all medication (presection) (Self-administered)	1	× ×								
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List all medication (press (Self-administered) NAME OF MEDICATION	Dose	TIME TO BE GIVEN	Number of doses per day							
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List all medication (press (Self-administered) NAME OF MEDICATION nsent and Release Medication	Dose	TIME TO BE GIVEN	Number of doses per day (Self-administered)	Possible Side Effects						
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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.

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