

Contoocook Valley School District Field Trip/Extracurricular Activity Medical Release Form

Field Trip Destination: _____ Date(s) _____

Leave Time: _____ Return Time: _____ Overnight Y ___ N ___

Teacher/Team Class _____

Student Name: _____ DOB _____ Age _____ M / F

Address: _____

Mother/Guardian Name _____

Day Phone # _____ Night Phone # _____ Cell # _____

Father/Guardian Name _____

Day Phone # _____ Night Phone # _____ Cell # _____

In Case of Emergency list 2 local people in case parents cannot be reached:

1) Name & Relationship _____

Day Phone # _____ Night Phone # _____ Cell # _____

2) Name & Relationship _____

Day Phone # _____ Night Phone # _____ Cell # _____

My son/daughter has:

_____ No health concerns.

_____ The following health concerns/issues: _____

List any physical limitations or medical equipment required for physical activities:

List all medications taken and reason: _____

Allergies: Y ___ N ___

If Yes, list allergen and reaction:

Treatment:

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE REVERSE SIDE, IF APPLICABLE.

To Be Completed Only If Your Child May Need Medication on a Field Trip

In accordance with the Contoocook Valley School District medication policy, field trips and extracurricular activities (i.e., drama, sports, clubs, etc.) require the following:

All prescription medication and some over the counter medication given in school require licensed health care provider's written orders. Forms are available from your school nurse or online @ www.conval.edu. Medication is to be administered by the school nurse. In the absence of the school nurse, the principal or principal's designee may assist the student in taking the prescribed medication. This assistance consists of providing the medication to the student, observing and documenting that the student took the medication.

Your son/daughter may carry and self-administer inhalers and Epi-pens with parental and physician authorization. Forms are available from the school Health Office.

Please choose:

_____ Teacher shall obtain the appropriate dose(s) of medication from the school nurse **(only if student already has medication and written medication order from licensed prescriber at the school).**

_____ Student's healthcare provider **and** parent have completed the necessary form(s) for student to carry and self-administer his/her own asthma inhaler and/or Epi-pen and these forms are on file in the school Health Office.

_____ Parent will give the teacher appropriate doses of medication in the original prescription container **and provide a written medication order from licensed prescriber. (In the case of a medication not routinely given at school.)**

Med _____ Dosage _____ Time of med _____

Med _____ Dosage _____ Time of med _____

(Attach additional paper if needed)

I hereby authorize Contoocook Valley school personnel to assist my son/daughter in receiving the above noted medication or the school nurse (or school nurse delegate) in administering the medication. In consideration for this service, I (we) further agree that I (we) will not hold liable, and will otherwise save harmless, the Contoocook Valley School District and/or any department or employee thereof for death or injury resulting from the administration or assistance in the administration of medication described above.

Parent/Guardian Signature _____ Date _____

For future field trips, please make any necessary changes and sign below.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____