

WEST ORANGE PUBLIC SCHOOLS

LIBERTY MIDDLE SCHOOL

1 Kelly Drive
West Orange, NJ 07052
(973) 243-2007
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Robert J. Klemt, Principal
Michelle Martino, Assistant Principal

FIELD TRIP NOTIFICATION & MEDICAL FORM

Student's Name _____
Address _____
Date of Birth _____
Pertinent Medical History _____
List Allergies _____
Emergency Contact Person/Relationship _____
Emergency Phone # _____
Medical Insurance _____ Insurance ID # _____

Dear Parent/ Guardian, (Physician):

Please complete form for your child and return to school by **Friday, April 5, 2019**.

My child will be attending the Philadelphia and Dorney Park, PA overnight field trip with his/her class on Thursday, June 6 to Friday, June 7, 2019. In the event of an emergency and I cannot be reached, I give permission for my son/daughter to be given necessary immediate medical care at a local hospital or other medical or dental facility.

My child (DOES, DOES NOT) take medication at this time. (PLEASE CIRCLE ONE)
Parent's Signature _____ Date _____

REMINDER: Student will not be allowed to attend field trip if he/she has not submitted a completed medical form.

Complete below for any student taking medication at this time. (*Please see back page for medication instructions - doctor's medication order form and parent permission form).

He/ She is taking: _____
(Must submit doctor's order form & parent form).

He/ She is taking _____ but will not need on this trip. Parent initial HERE _____.
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He/ She has the following medication in the Nurse's Office _____.

To assist you in deciding the appropriateness of any medication dose changes, you may consider the activities planned are outlined below:

Field Trip Destination: Philadelphia, PA and Dorney Park, Pennsylvania

Departure Time: 7:00 a.m. – Thursday, June 6th

Return Time: 7:00 p.m.(approximately) – Friday, June 7th

If your child will need medication for the overnight field trip, please be reminded of the following and complete form below:

West Orange Public School policy dictates that ALL medication including over the counter medications (non-prescription medicines such as Motrin, Tylenol, cold & cough medicines, eye drops, etc.) must have a doctor's order and signed parent permission. Please complete below – Parent's and Physician's Request for Giving Medication at School.

Please submit complete medical form as soon as possible. No medications will be dispensed without these documents. Medicines must be in the Nurse Office a day before the field trip or earlier if possible. Prescribed medication should be in their original pharmacy bottle with child's name, and over the counter medication should be in their original container/bottle.

PARENT'S REQUEST FOR GIVING MEDICATION AT SCHOOL

I request the school nurse to see that my child _____ receives the medication prescribed by _____ (Physician's Name) for the period from _____ to _____.

The medication is to be furnished by me and is to be pharmacy-labeled with the name of the medicine, the amount to be given, time of day to be taken, and the expected duration of treatment. The physician's name must also be on the label. The school nurse has my permission to contact the physician as to the administration and effect of the medication.

Signature _____ Date _____ School _____

PHYSICIAN'S REQUEST FOR GIVING MEDICATION AT SCHOOL

Re: _____ 20_____

To: School Nurse
RX _____
Dosage _____
Time/special circumstances of administration _____
Period of time _____
Purpose of medication _____
Possible side effects _____

Physician's Signature

Please Print Name

Address of Physician

Telephone no. _____