



## School Health Services

### Overnight Field Trip Student Health Form

Date of Field Trip: \_\_\_\_\_ Location of Field Trip: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

Emergency Contacts:

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

Please list any health concerns your student has including food, medication and environmental allergies:

**The below medications will be provided by the school district. If you would like to give permission for us to administer these medications to your student as needed, please indicate below:**

Medication:

Dosage (circle dosage):

Parent/Guardian Initial

**Regular Strength (Tylenol)**

1 tablet (325mg) every 4-6 hours

**Acetaminophen**

2 tablets (650mg) every 4-6 hours

325mg tablet

**Regular Strength Ibuprofen**

1 tablet (200mg) every 4-6 hours

200mg tablet

2 tablets (400mg) every 4-6 hours

**Benadryl**

1 tablet (25mg) every 4-6 hours

25mg tablet

2 tablets (50mg) every 4-6 hours

**Dramamine**

1 tablet (50mg) every 6 hours prior to exposure to motion

50 mg tablet

½ tablet (25mg) every 8 hours prior to exposure to motion

25 mg=1/2 tablet

According to the Ohio Department of Health, sunscreen is considered an over the counter medication. Please label your child's sunscreen with their name and remind them that they are **not** permitted to share the sunscreen with other students.

\_\_\_\_\_ (check) I give permission for my child to carry sunscreen with them on this trip.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

