

MEDICATIONS ON FIELD TRIPS:

PLEASE NOTE THAT ALL MEDICATION TAKEN ON A FIELD TRIP MUST BE:

- 1. SENT FROM HOME
- 2. IN ORIGINAL CONTAINER
- 3. SINGLE DOSE (EXCEPTIONS WOULD BE AN INHALER OR INSULIN)

To be completed by the physician:

It is necessary for this student to take the following medication(s) during a field trip, lasting at least the entire school day (dose cannot be given before/after trip hours or skipped):

Student Name: _____ Date of Birth: _____

Medication: _____ Time: _____

The student above _____ IS _____ IS NOT able to self-administer the above medication(s) as instructed.

Comments: _____

Physician Name: _____ Phone Number: _____

Physician Signature: _____ Date: _____

ANY MEDICINE OF ANY KIND SENT TO SCHOOL FOR ANY REASON REQUIRES A DOCTOR'S ORDER

Additional forms can be accessed on the C.A.S.D. web site www.coatesville.k12.pa.us

CASD Field Trip/Emergency Information

Student Name: _____

Parent Name: _____ Home Phone # _____

Father's Work Phone _____ Mother's Work Phone: _____

Father's Cell Phone _____ Mother's Cell Phone: _____

Address: _____

Birth Date: _____ Height/Weight _____ Allergies: _____

Medical Problems: _____

I understand that regular school bus transportation will be used.

Name of Medication(s) taken by student of a regular basis: _____ Dosage: _____

Health Insurance Company and Policy Number: _____

In the event of an emergency and if parents or guardians cannot be reached-call:

1. Name: _____ Phone: _____

Relationship: _____

Address: _____

2. Name: _____ Phone: _____

Relationship: _____

Address: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

If the above persons cannot be reached in an emergency and there is a need for medical or hospital care, the school may call an ambulance, if necessary, to transport my child to a local facility.

I agree to consent for any treatment, surgical and diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physicians.

Signature of Parent

Date