

Township High School District #113
Medical Release Form for Extended and
International Field Trips

Student Name _____ Birth Date _____ Grade _____
Address _____ City/State _____ Home Phone _____

EMERGENCY CONTACT/PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Cell #: _____ Work #: _____
Father/Guardian Name: _____ Cell#: _____ Work#: _____

In the event that a parent/guardian cannot be reached contact one of the following:

Name _____ Relationship _____ Cell# _____ Work# _____
Name _____ Relationship _____ Cell# _____ Work# _____

PHYSICIAN/INSURANCE INFORMATION

Physician: _____ Phone: _____
Health Insurance Carrier: _____ Policy #: _____
Under the name of: _____ Relationship: _____

Please attach copy of insurance card, both sides.

STUDENT'S HEALTH HISTORY

Does your child have a health condition which may require **EMERGENCY ACTION** while he/she is at school? (e.g., seizure, allergy, asthma, diabetes, heart problem, or other problem) NO YES, describe: _____

Allergies: NO YES, please list: _____

Does your child take **ANY** medications, prescription and/or over-the-counter? NO YES, please list: _____

The following non-prescription medications will be dispensed on an as-needed basis **only if a doctor has initialed each allowed medication**. A "Permission Form to Administer Medication" must be signed and attached.

- _____ 1. Acetaminophen (Tylenol) 500 mg. Take 1- 2 tablets/caplets every 4 to 6 hours as needed for pain. Do not exceed 8 tablet/caplets in 24 hours.
- _____ 2. Ibuprofen (Motrin or Advil) 200 mg. Take 1-2 tablets/caplets with snack every 4-6 hours as needed for pain. Do not exceed 6 tablets/caplets in 24 hours.
- _____ 3. Diphenhydramine (Benadryl) 25 mg Take 1-2 capsules every 6-8 hours as needed for allergic reaction. Do not exceed 12 capsules in 24 hours.
- _____ 4. Phenylephrine HCL(Sudafed PE) 10 mg. Take 1 tablet/caplet every 4 hours as needed for nasal congestion. Do not exceed 6 tablets/caplets in 24 hours.
- _____ 5. Loperamide HCL (Imodium) 2 mg. Take 2 caplets after the first loose stool, followed by 1 caplet after each subsequent loose stool. Do not exceed 4 caplets in 24 hours.
- _____ 6. Calcium carbonate (chewable antacid TUMS 500 mg). Chew 2-4 tablets as needed for upset stomach. Do not exceed 15 tablets in 24 hours.

Please check (✓) if the student carries the following items. These should remain with the student for the duration of the trip in accordance with Public Act 92-0402.

- NO YES Diabetes supplies and medication
- NO YES Asthma inhaler
- NO YES Emergency epinephrine

TURN OVER FOR
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Prescription/Non-Prescription Medications: *If the student requires medication, the "Permission Form to Administer Medications" must be completed and attached to this form.

MEDICATION PROCEDURE

The District 113 medication procedure is in effect for all trips. Therefore, students may not carry or self-administer any prescription or non-prescription medication except emergency epinephrine, asthma inhalers, and diabetes medications. All prescription and non-prescription medication must be in original containers, kept in the student's carry-on luggage during flight according to TSA regulations, and turned into the district-designated administrator on arrival at the hotel (with exceptions noted above). A "Permission Form to Administer Medication" must be signed and attached to this form. The district-designated administrator is restricted from dispensing any medication that does not belong to the student. Each student is responsible for requesting his/her medication from the sponsor/nurse according to their medication schedule. My signature on this form authorizes release of this information by the district-designated administrator in the event of illness or emergency.

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION TO TREAT

In the event of my child's illness or injury, I hereby authorize District school personnel to provide emergency first aid and, if necessary, to take my child to the nearest hospital or emergency care facility. My signature below indicates that I agree to assume all responsibility and expenses incurred as a result of any emergency care needed.

Parent/Guardian Signature: _____ **Date:** _____
