



Health Services

Dr. Curtis Cain
Superintendent of Schools

"Learning Today, Leading Tomorrow"

Cheri Thurman
Assistant Superintendent
Student Services

Laurie Castiaux, BSN, RN, NCSN
Director of Health Services

HEALTH INFORMATION AND MEDICATION AUTHORIZATION

FOR BEFORE & AFTER SCHOOL FIELD TRIPS

To be completed by parent/guardian for ALL students attending the field trip.

Student's Name: _____ DOB: _____ Grade: _____ School: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Emergency contact #1 Name: _____

Home phone: _____ Work phone: _____ Cell #: _____

Emergency contact #2 Name: _____

Home phone: _____ Work phone: _____ Cell #: _____

STUDENT HEALTH INFORMATION:

Doctor's Name: _____ Office phone: _____

Health Insurance Name: _____ Policy/Group #: _____

Please list all health conditions, including any allergies, physical limitations and/or diet restrictions:

Medications: Please keep in mind that all medication will be stored securely and administered by trained school staff. There will not be a school nurse accompanying students on the field trip.

- No**, my student **does not** need any medication for the field trip.
- Yes**, my student **will need** medication (A parent/guardian will be chaperoning and will manage student medications.)
No need to complete page 2.
- Yes**, my student **will need** medication on the field trip. All medication (prescribed and over-the-counter) require parent and physician signature on the attached Medication Authorization form.

In event of a medical emergency, 911/Emergency Medical Services will be called and student will be transferred to the nearest medical facility.

Parent/Guardian Signature: _____ Date: _____

Wentzville R-IV School District – Student Services
280 Interstate Dr. • Wentzville, MO 63385 • 636-327-3800 Fax 636-327-8611
www.wentzville.k12.mo.us • cherithurman@wsdr4.org
lauriecastiaux@wsdr4.org

WENTZVILLE SCHOOL DISTRICT

MEDICATION AUTHORIZATION FOR BEFORE & AFTER HOUR SCHOOL FIELD TRIPS

The administration of medication to students on field trips shall be done only when the student has a medical condition that maybe adversely be affected without medication. Health Services staff do not routinely accompany students on field trips. Teachers will be responsible for the administration and storage of medication.

All prescription or nonprescription medication sent on field trip must include:

- 1.) **Physician's signature.**
- 2.) **Both prescription and non-prescription medication is to be in the original container. If medication is a prescription, the pharmacy label must accurately reflect medication, dose, and times as stated in the orders from doctor.**
- 3.) **Parent/Guardian is responsible for delivering the medication to the school chaperone 5 days prior to departure.**
- 4.) **Send only the amount needed for the field trip.**

Name of Student: _____ Date of Birth: _____

Name of medication: _____ Dosage: _____ Time(s): _____

Name of medication: _____ Dosage: _____ Time(s): _____

Name of medication: _____ Dosage: _____ Time(s): _____

Name of medication: _____ Dosage: _____ Time(s): _____

Student is able to self-carry and administer Emergency Medication (inhaler, EpiPen, insulin) Yes No

Comments:

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____