

NORWOOD PUBLIC SCHOOLS

OUT OF THE UNITED STATES FIELD TRIP MEDICATION AND HEALTH INFORMATION

Dear Parent/Guardian,

Please carefully read the following instructions for insuring that your child has a healthy, safe trip on an out of the United States field trip sponsored by the Norwood Public Schools.

1. *Please send only essential medications on the field trip.*
2. If your child must take medication during the field trip you and your child's physician must determine that your child is capable of independently managing this responsibility.
3. The following steps are imperative if your child will be carrying medications on an outside of the United States field trip:
 - You must obtain a letter from your child's physician describing your child's medical condition and any medications prescribed to care for the condition. The physician should be sure to note both the medication's generic and brand name. The child should also take a copy of the prescription with them while traveling abroad.
 - You should check with the foreign embassy of the country your child will be visiting to make sure that your child's medication is not considered an illegal narcotic or substance in that country. A list of foreign embassies and consulates can be found at the website below.
 - Your child's prescription must be in a clearly labeled pharmacy container. Please be sure to check expiration dates especially on inhalers and Epi-pens. Your child should only take enough medication to last for the duration of the trip plus a little extra in case of travel delays.
 - The medication and the physician's letter should be together in a zip lock bag in your child's carry-on luggage.
 - Your child should state that they are carrying a prescribed medication when going through TSA security check points and customs.
4. If your child has a unique medical problem or chronic illness requiring a particular treatment protocol, your child's physician should also provide a letter explaining in detail the care your child will require if they become ill.
5. Should your child become ill or injured and require medical or hospital care while abroad, or medical evacuation to the United States, the cost can be prohibitive. You should check with your insurance company to see if your policy will cover your child while abroad. If they do you should request a Letter of Acceptable Coverage which your child should carry with them at all times. You should be aware that even if your health insurance does cover your child overseas it may not be generally accepted outside the United States; you may be required to settle bills 'out of pocket' and be reimbursed by your insurance company after you file a claim. It may be a good idea to purchase a short-term health insurance policy specifically designed to cover health care issues or medical evacuation while travelling. The school district is not responsible for any health insurance costs incurred while traveling abroad.
6. Additional information and resources are available at <http://travel.state.gov/content/studentsabroad/en.html>
7. Please complete and return to the Norwood Public Schools staff person in charge the attached emergency medical care authorization.

**NORWOOD PUBLIC SCHOOLS
EMERGENCY MEDICAL CARE AUTHORIZATION
FOR OUT OF THE UNITED STATES FIELD TRIPS**

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Name(s): _____

Telephone Numbers: (H) _____ (W) _____ (C) _____

Emergency Contact if Parent/Guardian cannot be reached: _____

Relationship of Contact to Student: _____

Emergency Contact Telephone Numbers: (H) _____ (W) _____ (C) _____

Student Information

Health Insurance Company: _____ Policy#: _____

Phone Number of Health Insurance Company: _____

My child:

is not allergic to any medications and has no other allergies.

has the following allergies: _____

Date of most recent tetanus immunization (Td or Tdap): _____

Medications student is currently taking: _____

Doctor's name, address, phone: _____

Parent/ Guardian Consent and Release

- I, the undersigned parent, agree to release, indemnify and hold harmless the Town of Norwood, the Norwood School Committee and their employees and agents from and against any and all claim either I or my child may have as a result of any act or omission which may arise out of this authorization for emergency medical care.
- I hereby give permission to any health care provider, including but not limited to an emergency medical technician, nurse, ophthalmologist, physician or physician's assistant to treat my child for any illness, trauma, accident or medical emergency s/he may experience while traveling with her/his class to _____. I also authorize the principal, instructor, coach or sponsor to make medical decisions regarding my child in my absence. I understand that all attempts will be made to notify me of my child's medical condition and decisions which have been made as soon as is reasonably possible, but that treatment will not be delayed for that reason. I agree that I will be financially responsible for all the medical treatment incurred.
- I consent for the release of confidential medical information to be released to and from medical providers, the faculty of the Norwood Public Schools, and the school trip/activity/ program chaperones, as needed to maintain my child's health and safety.

Parent/Guardian Signature (only one signature required) _____

Date: _____