

NORWOOD PUBLIC SCHOOLS

Coakley Middle School 8th Grade DC Trip May 28-31, 2019

Dear Parent/Guardian,

Please carefully read the following procedure (which is consistent with Massachusetts law 105 CMR 210.000) that must be followed for the administration of medication to students who take part in overnight field trips sponsored by the Norwood Public Schools:

1. *Please send only essential medications on the field trip.*
2. If your child must take daily medication during the field trip:
 - Please complete the attached “Medication Administration Form for Overnight Field Trip” form and include all medications that your child will take on the trip. **We will accept only those forms that are fully completed and signed by both you and your child’s healthcare provider giving consent to your child to self-administer medications—this includes all over the counter medications.**
 - Place each individual dose of medication in a small envelope which must be labeled with the child’s name, the name of the medication, and the date and time that she/he is to take it. (Envelopes available at the nurse’s office)
 - Place all individual doses of the medication in one large envelope. Label this envelope with the child’s name and the times and dates that she/he should take the medication.
 - Please be sure that you have noted any possible side effects of medication on the attached “Medication Administration Form for Overnight Field Trip” form.
3. **All medications must be received by the school BEFORE the date that the field trip departure date and no later than May 1, 2019.** Please contact the staff person in charge of the field trip at least seven days before the departure date and discuss how and when you will provide the medication.
4. During the trip, a designated staff person will carry all medications (except for inhalers and EpiPens approved for self-administration as noted in #6 & #7 below). Your child will need to come to the staff person at the scheduled time, take one dose of the medication from the envelope that you provided and labeled, and self-administer the dose.
5. For regularly scheduled medications, the staff person will make every reasonable effort to remind your child when it is time to take his/her own medication from the envelope. **However, it very important that you make sure that your child understands and complies with this procedure.**
6. If your child usually carries an inhaler for asthma or allergies, be sure that it is up to date and that it contains enough medication to cover the time she/he is on the trip. Your child may keep all inhaled medications on her/his person if developmentally appropriate and if both you and the healthcare provider have given written consent on the “Medication Administration Form for Overnight Field Trip” form.
7. If your child has a known severe allergy and has an Epi-Pen, please give it to the designated staff person along with the other medications your child will need for the trip. The EpiPen will be returned to you after the trip if unused. **Please be sure to check the expiration date.** Many families choose to send two Epi-pens for an overnight field trip. Your child may keep the EpiPen on her/his person if developmentally appropriate and if both you and the healthcare provider have given written consent on the “Medication Administration Form for Overnight Field Trip” form.
8. Consistent with 105 CMR 210.000, the school nurse retains the authority to determine if a student is capable of self-administering medications and as appropriate, will develop a medication administration plan which includes the specific elements necessary to ensure the safety of all students.

NORWOOD PUBLIC SCHOOLS
EMERGENCY MEDICAL CARE AUTHORIZATION FOR OVERNIGHT FIELD TRIPS
Coakley Middle School 8th Grade DC Trip May 28-31, 2019

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#: _____

Known allergies: _____

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

Medications student is 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 claim either I or my child may have as a result of any act or omission which may arise out of this authorization.
- I further consent to urgent medical treatment by a health care provider in the event of illness or injury of our child during his/her participation in the trip/ activity/ program.
- I accept full responsibility for all costs for any medical treatment.
- 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 _____

MEDICATION ADMINISTRATION FORM for OVERNIGHT FIELD TRIP
(Must be completed and signed by Parent/Guardian and Healthcare Provider)

Student _____

My child will not be taking any medications on this trip.

Signature _____ Date _____ Relationship _____

1. Name of Medication _____

Time(s) to be taken: _____

Reason for Medication _____

Side effects to be aware of/other information _____

2. Name of Medication _____

Time(s) to be taken: _____

Reason for Medication _____

Side effects to be aware of/other information _____

3. Name of Medication _____

Time(s) to be taken: _____

Reason for Medication _____

Side effects to be aware of/other information _____

PARENT CONSENT:

I give permission for my child to self-administer the above medication(s) on this trip. If these medications include an inhaler (e.g., albuterol) and/or emergency epinephrine (e.g., EpiPen) for diagnosed life-threatening allergies, I authorize my child to carry this/these medications during the field trip.

Signature _____ Date _____ Relationship _____

HEALTHCARE PROVIDER AUTHORIZATION:

I authorize _____ (student's name) to self-administer the above listed medications. If these medications include an inhaler (e.g., albuterol) and/or emergency epinephrine (e.g., EpiPen) for diagnosed life-threatening allergies, I authorize that she/he may carry this/these medications during the field trip.

Signature _____ Date _____