## **EMERGENCY MEDICAL TREATMENT FORM**

# GRADE 8 FIELD TRIP TO WASHINGTON, D.C.

The purpose of this form is to provide students with emergency medical treatment that may be necessary on the Washington D.C. Field Trip scheduled from October 21-24, 2025.

Student's Name:		Date of birth:	
Address:		Student's Cell Number:	
Medical Insurance Plan	<mark>/ Policy Number</mark> :		
	EMERGENO	Y CONTACTS	
Name:		Phone Number:	
Name:		Phone Number:	
Name:		Phone Number:	
	HEALTH (	CONCERNS CONCERNS	
List the student's perti	nent medical history, health co	ncerns, allergies, etc.:	
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	OTC LIEDICATION	CTANDANC ORDERC	
The field being source for		- STANDING ORDERS	
medications on hand to	•	deemed appropriate) will have the following	
		mission for your student to receive as needed:	
Tylenol 325 mg	Hydrocortisone 1%	Bacitracin Ibuprofen 200 m	
Calamine	Antacids	Benadryl ALL OF THE ABOVE	
	EMERCENCY CAR	E AUTHORIZATION	
	<u>EMERGENCI CAN</u>	<u>E AUTHORIZATION</u>	
		Izini, or designated school personnel) to authorize	
emergency medical car	e for my child,	, on the advice of a	
qualified physician if pa	rents can't be reached, or if ph	one authorization is not accepted by the attending	
hospital.			
Parent/Guardian's Nan	ne (print):		
Parent/Guardian's Sign	ature:	Date:	

#### PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

If your student requires medication on the trip (both prescription and OTC), fill in the following information.

PRESCRIPTION AND OTC MEDICATION - If your child requires medication, either PRESCRIPTION and/or	
OVER-THE-COUNTER, on the field trip, please list the medications, dosage, and times of day to be given. This	
list should include inhalers, Epinephrine auto-injectors, over-the-counter medications, etc.: (attach an	
additional page, if needed)	
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### TWO (2) REQUIRED FORMS FOR MEDICATION

#### Required forms for EACH prescription or OTC medication taken on the trip:

- 1. Medication form from your student's licensed provider (doctor form or school form)
- 2. Parent/guardian medication administration plan

Submit these 2 medication forms to the school nurse no later than 9/19.

These forms have been emailed and may also be found in these locations:

- Masconomet.org District Offices Health Services Medications
- DC website (Masconomet.org Middle School "Extracurricular Activities" tab)

If it is helpful, these forms may be scanned and emailed to <a href="mailto:rcalzini@masconomet.org">rcalzini@masconomet.org</a>, or <a href="mailto:gleente-masconomet.org">glemire@masconomet.org</a> or <a href="mailto:faxed">faxed</a> to 978-887-3287.

All medication must be delivered in a pharmacy or manufacturer-labeled bottle/original packaging. <u>The medication(s)</u> <u>must be picked up and dropped off by a parent or guardian.</u> Please place all medication in a clear zip-lock bag labeled with your child's first name and last name and only provide the required number of doses for the four days.

No Medication will be accepted on the morning of the field trip.

Drop off and pick up dates and times will be sent out in September.

#### **MEDICATION ADMINISTRATION/DELEGATION:**

Parent/Guardian's Signature:	Date:
Parent/Guardian's Name (print):	
on 10/24 at home.	
NOTE: The assumption will be that your student will receive both morning medication on 10/2	1 and evening medication
arrangements have been made.	
to receive their daily medication. Morning medication will be administered no later than 7 AM	unless alternative
understand that my child is responsible for meeting the designated school personnel at the sch	neduled time and location
carrying medication on their person unless it is an inhaler, epinephrine auto-injector, insulin, or	digestive enzyme. I
deemed appropriate) the above medication(s) to my child,	. Students should not be
I give permission for the school nurse to administer (or to delegate to Rebecca Calzini, or desig	nated school personnel, if