

Trip Dates: 9/22/21 , 10/13/21 , 11/17/21 ,12/15/21, 1/19/22(Home), 2/23/22(Home), 3/23/22, 4/27/22

(Math League Travel Meets)

Teacher: Nitu Sinha

Montgomery High School
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Skillman, New Jersey 08558
(609) 466-7602

MEDICAL INFORMATION FORM

Dear Parent/Guardian:

While your child is attending a field trip with Montgomery High School, he/she may need medical attention. In order to avoid delay in obtaining your consent, please fill out this form and sign it.

I (We) _____, parent/guardian of _____

(parent/guardian)

(student)

give consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to a minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon, if the school authorities are unable to contact me.

(parent's signature)

(date)

Child's Doctor: _____

Phone _____

Insurance Co. _____

Policy # _____

Home Phone _____

Work Phone(s) _____

Parent's Cell Phone _____

Emergency # _____

List any allergies or medical conditions your child has and note if they will be carrying an EPI-PEN or INHALER. Please include the name of the medication.

Medication(s) Required for Field Trip(Please check appropriate box(s):

This student will not require medication during this trip.

This student will need to take medication during this trip. (Please list below.)

If a nurse is present, my child can have Tylenol/Advil

There will be no school nurse on this trip.

Prescription and non-prescription medication for field trips must be supplied by the parent/guardian in the **ORIGINAL CONTAINER** and given to the school nurse in advance of the trip. Students must not carry any medications (prescription and nonprescription) on a field trip. Students may carry certain medications (ex. Epipen, inhalers, insulin) cleared with the school nurse as necessary, emergency self-medication.) If medication is necessary, the nurse will carry and dispense it.

Medication: _____ **Dose** _____ **Time to be given** _____

Medication: _____ **Dose** _____ **Time to be given** _____