Humble Independent School District Health Services

Off Campus Activity/Field Trip
Medication/Treatment Permission

Must be completed at least 1 week prior to field trip

Student Name: ___________________________ Parent Name: ____________________ Contact #: ________________

Destination: ___________________________________ Date: ____________________ Duration: _________________

Does your student have any of the following health conditions which may require medications and/or treatments be given while off campus at the above listed destination? (Please circle)

None Life Threatening Allergy Asthma Diabetes Seizure Disorder

Other ________________________________

Is medication currently in the school clinic for treatment of the above condition(s)? YES NO

Emergency Contact: _____________________________________ Phone: ______________________________

Child's Physician: _______________________________________ Phone: ______________________________

THE NURSE WILL NOT BE ON THE FIELD TRIP.

If your child requires medications and/or treatments while on the field trip, please complete the following:

1. Will you be accompanying your student on the field trip? Yes No
2. Can the medication/treatment be delayed until the student's return to the campus? Yes No
3. If no, do you give permission for your child's medication/treatment to be given by the designated staff member? Yes No

Please give ____ the following medication/treatment:
Student's Name

____ ________________
Name of Medication/Treatment Dose

Parent, please initial one option: _____ Give at _______________ **OR** _____ Give only as needed every ___________
Initials Time Initials How often

____ ______________________
Signature of Parent or Guardian Date

The following person(s) will attend the activity as a representative of Humble ISD and has been instructed in medication administration and/or treatment procedure:

1. Staff member ____ Date ______________________________
2. Staff member ____ Date ______________________________

Nurse ____ Date ______________________________

Updated 11-3-15