

**Syracuse City School District
Health Services**

Dear Parent or Guardian:

Date: _____

Your child will be going on a field trip to _____ on _____ from _____.

FOR ALL MEDICATIONS – A PHYSICIANS ORDER MUST BE ON FILE IN THE NURSES OFFICE.

- **If medication is to be self-administered, this must be stated on physician's order.**

As he/she will be gone through their medication time, I need to know if.....

INHALERS:

- ___ He/she is capable of administering their own inhaler, if necessary.
- ___ His/her inhaler should be carried by the teacher as a precautionary measure if it is needed. (Child will determine need.)
- ___ He/she may take prior to and after field trip.
- ___ Parent will administer as he/she is chaperoning.
- ___ Will not need medication on this field trip.

ORAL MEDICATION:

- ___ Medication can be given prior to child's departure from school.
- ___ Medication can be given immediately upon child's return to school.
- ___ Medication will be given by parent as he/she is chaperoning.
- ___ Medication will NOT be necessary at this time.
- ___ He/she may self- administer. Doctor's order must be in nurse's office.
- ___ **Parent** has arranged with another adult to carry and give his/her medication as a precautionary measure.

CHILD'S OWN EPI PEN:

- ___ Can carry and self-administer.
- ___ Should be carried by teacher. (Child will determine need.)

Parent Signature: _____

Child's Name: _____

Teacher: _____

Please return this form to the Nurses Office by the day *before* the field trip. Thank you.