



## STUDENT OVERNIGHT TRAVEL EMERGENCY & MEDICATION FORM

SCHOOL HEALTH SERVICES  
102 North Plumer Street  
Tucson, Arizona 85719  
Donna Johnson, Director

*\*\* must be submitted to health office 2 weeks prior to trip (Non Interscholastic Activities)*

Date(s) of Travel: From \_\_\_\_\_ to \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*If I am unavailable in the event of an emergency, the following people may make decisions on my behalf and/or assume temporary custody if necessary:*

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group number/ID number: \_\_\_\_\_

Specify health problems/allergies: \_\_\_\_\_

Limitations, concerns, or other information: \_\_\_\_\_

Will your child need medication on the trip?  no  yes (If yes, complete consent for giving medication below.)

Note: Middle school and high school students may carry and self-administer over-the-counter medication with a written note from parent/guardian giving permission and directing use.

**CONSENT FOR GIVING MEDICATION:** *I hereby request and give my consent for a district employee as designated by the principal to see that my child receives the medication listed below. I agree that prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage and time to be given. Any over-the-counter medication must be in the original packaging with all directions, dosages, contents, and proportions clearly marked. I will be responsible for giving the medication to the principal's designee (certified district employee) and instructing said person in how to administer the medication. I will also be responsible for alerting and instructing the principal's designee (certified district employee) on any specific healthcare needs of my child.*

MEDICATION	DOSE	ROUTE	REASON FOR GIVING	TIME(S) TO GIVE	DATE FROM	DATE TO

**MEDICAL TREATMENT AUTHORIZATION:** *In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand that TUSD does not provide accident medical/dental coverage for students for injuries/illnesses occurring during travel/activities. I understand that, in the event of other than minor illnesses or injury, reasonable effort will be made to contact me.*

**SIGNATURE OF PARENT/ GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## STUDENT OVERNIGHT TRAVEL MEDICAL INFORMATION NOTICE TO PARENTS

SCHOOL HEALTH SERVICES  
102 North Plumer Street  
Tucson, Arizona 85719  
Donna Johnson, Director

Although we hope we will never need emergency medical information while students are on a trip away from school, we want to be prepared in case there is a problem. For this reason we ask that you complete the Student Overnight Travel Emergency & Medication Form. **Please submit the completed form to the teacher in charge of the trip.**

- **Emergency Contact Information:** You may have already provided emergency contact information to the health office at the beginning of the school year, but we need to have it with us while traveling in case there is a need to call you or get a message to you. For this reason, we request that you provide up-to-date contact information.
- **Parent's Consent for Giving Medication:** This form must be completed and submitted 2 weeks prior to going on the trip so the health office has time to review your child's needs and conduct any necessary training for staff on the trip (*NON INTERSCHOLASTIC ACTIVITIES*). Follow these guidelines for any medication to be given on the trip:

1. All medication must be in the original container.
2. All medication must have the student's name on the container.
3. Prescription medications and inhalers must have the pharmacy label on them. Dosages will only be given per the directions on the container from the pharmacy.
4. All medication must be given to the teacher in charge of the trip by the parent.

There are three exceptions to this rule:

- i. Per Arizona State Statute emergency medications such as inhalers, epinephrine, and diabetic medications may be carried and self administered by the student (please list them on the form).
- ii. Over-the-counter medications such as acetaminophen, ibuprofen, and allergy pills may be carried and self-administered by high school and middle school students with a note from the parent giving permission and directing use. Please give the note to the teacher in charge of the trip. Even if the student will carry over-the-counter medication for self administration, the medication must be in the original container and visibly labeled with the student's name.
- iii. Birth control pills may be carried and self-administered by high school students.

*Note: If a student is found in possession of medication without the proper permission/ documentation (as listed above) disciplinary action will ensue per district policy.*

5. The parent will instruct the principal's designee (certified district employee) in how to administer the medication.
6. The parent will also be responsible for alerting and instructing the principal's designee (certified district employee) on any specific healthcare needs of the student.

*Note: Remember to make advance arrangements with the teacher in charge of the trip for any snacks or meals required by a student with diabetes. Arrangements should also be made in advance for any special medical equipment or procedures required by a student during the trip.*

- **Parent Contact in Case of Illness:** If a student appears to be ill, complains of illness to a trip sponsor or has an illness reported to the trip sponsor by another student or adults, the trip sponsor will contact the student's parent by phone to consult as to the appropriate course of action in treating the student's illness. The trip sponsor will not communicate with any parent indirectly through the student, but will instead speak directly to the parent by telephone. If necessary or appropriate, the communication between the trip sponsor and parent will be via e-mail. In the event of other than minor illnesses or injury, reasonable effort will be made to contact the parent or emergency contact in the event a parent cannot be reached.