

STUDENT MEDICAL PERMISSION FORM

New form must be completed for each trip
(Please print or type)

Student Name: _____ Sex: _____ Date of Birth: _____
Last First MI

Student ID: _____ Address: _____
Number & Street City State ZIP

Home Phone: (_____) _____ School: _____ Teacher: _____

Field Trip Destination: _____ Date(s) of Trip: _____

Emergency Information

Parents/Guardian Name(s): _____

Cell/Work/Home Phone: (_____) _____ or (_____) _____

Emergency Contact (if parents cannot be reached): _____ Phone Number: (_____) _____

Physician's Name: _____ Phone Number: (_____) _____

Medical and Prescription Information

Does your student have any health conditions? Yes No If yes, please describe: _____

Will your child be attending a field trip that extends beyond regular school hours? No Yes

If your child requires medication or a health procedure that is not administered at school, the health office will need appropriate paperwork and Licensed Health Care Provider (LHCP) orders at least ten days prior to the trip. For questions, concerns, or to obtain the required forms, please contact your child's school health office.

Please check the appropriate box below:

My child does not require any medication on the field trip.

My child requires an inhaler or Epi-pen.

- Licensed Health Care Provider Orders and CCF 643 Parent/Guardian Permission Form are required.
- Per NRS 392.425, permission is required from your Licensed Health Care Provider for your student to carry and self-administer these medications. (Obtain this form HS-96 in the Health Office)

My child requires diabetic care during the field trip.

- Extended care orders are required for care outside of the school day.
- Licensed Health Care Provider orders and CCF 643 Parent/Guardian Permission Form are required.

- My child requires medication or a health procedure during the field trip.
 - Medications must be in an appropriately labeled bottle from the pharmacy and less than 1 year old.
 - Over the counter medications require a prescription from a Licensed Health Care Provider and must be in the original container. The prescription must include student's name, dose, time, and indication for use.
 - Licensed Health Care Provider orders and CCF 643 Parent/Guardian Permission Form are required.

- FOR SECONDARY STUDENTS ONLY:** My child is able to self-administer his/her medication (except for controlled substances) during the field trip.
 - Medications must be in an appropriately labeled bottle with a written statement that the student may carry and self-administer the medication.

The following medications/procedures are required:

Medication	Dose	Time(s)
Medication	Dose	Time(s)
Medication	Dose	Time(s)
Health Procedure (Licensed Health Care Provider orders required)	Time(s)	

If medical information/needs change during the school year, please contact the school nurse.

I, the parent or legal guardian of _____ (my child), authorize and direct the Clark County School District (CCSD) to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release CCSD, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

Parent/Guardian Print	Parent/Guardian Signature	Date
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