



OUT-OF-TOWN OR OVERNIGHT TRAVEL WITHOUT NURSE
FIELD TRIP AGREEMENT AND STUDENT INFORMATION
FORM

Today's Date: _____ This is to certify that (print): _____ has my permission
to make the trip to _____ from (date) _____ to (date) _____
with _____

I have received and read the Out-of-Town or Overnight Travel Field Trip Booklet (the "booklet"), and
acknowledge that its requirements are incorporated herein.

Health Information: Check all that apply:

- Asthma Medication, Allergies, Seizures, Diabetes, Heart/Lung, Wears Contacts, Mental Health, Autism, Other

Explain checked boxes and identify any other health concerns: _____

Parent/Guardian (please print) Phone (home) Phone (cell)

Emergency Contact (please print) Phone (home) Phone (cell)

Insurance Information:

Insurance Provider Provider's Phone Number Insurance Policy Number

Insured's Name Insured's Employer Employer Phone Number

Request for Administering Prescription Medications to Students: (medications must be in pharmacy
container with prescription label properly affixed to the medicine in question)

- I request that my child be allowed to take the prescription (name) _____
as prescribed by our physician while on the trip. I have read and complied with the requirements for
doing so set forth in Part III of the booklet.
I request that my child be allowed to carry and use a self-administered metered dose inhaler containing
rescue medication and/or an Epi-Pen as prescribed by our physician. I have read and complied with the
requirements for doing so in Part III of the booklet.

Administration of Over-the-Counter ("OTC") Medication: (OTC medications must be in original container
and used according to the physician's signed written directions which must be attached to this document).
Further explanation is contained in Part III of the booklet.

- I give permission for a Rockwood representative to administer _____
to my child according to the recommended dosage instructions.
I give my permission for my child to carry _____
and consume or apply this medication(s) as directed by our physician (grades 9-12 only).

My child and I have read, understand and agree to abide by the requirements set forth in this agreement, the
booklet and all other expectations and rules set forth by the Rockwood School District and its representatives,
including those accompanying students on this trip. I have also received and executed the Out-of-Town or
Overnight Travel Field Trip Permission to Participate, Release of Liability and Indemnity Agreement (Form #5006).

I further agree that in an emergency any Rockwood representative may transport my child to a hospital/medical
facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or
emergency care deemed necessary.

Parent/Guardian (please print) Parent/Guardian signature

Student Name (please print) Student Signature