

EMERGENCY CONTACT & HEALTH INFORMATION FORM

Contact Name (Print) _____ Contact # _____

School Nurses will review this list with the Field Trip Coordinator. When medication training and other student medical issues have been resolved, the nurse will initial the checklist that will then be submitted for the principal's approval.

Trip Destination: _____ Date of Field Trip: _____

Field Trip Coordinator: _____ School Nurse: _____

____1) Medication training completed by the employee designated to administer and maintain medications (including inhalers, epi-pens, etc).

____2) Necessary arrangements/training made for any students needing procedures (i.e. caths, tube feedings, etc).

____3) Necessary arrangements/training for students with special medical conditions (i.e. diabetes, asthma, seizure disorders, cardiac condition, etc).

____4) Arrangements have been made for special equipment needed (i.e. all-terrain wheelchair for the beach).

____5) Arrangements have been made for access to EMS.

____6) Lunch/snack arrangements have been made in consideration of students with food allergies.

____7) School Nurse recommendations on additional supplies needed (first aid kit, water, sunscreen, etc).

____8) Nursing care plans provided to field trip coordinator as needed.

____9) Other medical or safety issues addressed.