

STUDENT MEDICAL PERMISSION FORM

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

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

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) |
|------------|------|---------|
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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 _____

Clark County School District
FIELD TRIP PERMIT

CCF-796
8/19

Last Name of Pupil _____ First Name _____

I request that my child be allowed to participate in an authorized Clark County School District Field Trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Clark County School District employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperone will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Clark County School District, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or illness occurs during the trip.

OVERNIGHT FIELD TRIP

When students attend an overnight field trip, consideration will be made on a case-by-case basis for individual requests for privacy and accommodations. Individuals with specific questions regarding overnight field trips should contact the school site administrator.

NON-DISCRIMINATION AND ACCESSIBILITY NOTICE

CCSD does not discriminate against any person on the basis of race, creed/religion, color, national or ethnic origin, sex, gender identity or expression, sexual orientation, disability, marital status or age, in admission or access to, treatment or employment, or participation in its programs and activities, and provides equal access to the Boy Scouts of America and other designated youth groups, pursuant to federal and state laws including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Individuals with Disabilities Education Improvement Act (IDEA), and the Boy Scouts of America Equal Access Act.

Signature _____ Date _____

Home Phone: _____ Work Phone: _____

Emergency Name and Phone: _____

Please note any medical information which would be of help: (i.e. allergies, medications to avoid, current medications, etc.)

I do not wish my child to take part in the school field trips.

Signature of Parent or Guardian _____ Date _____