



Check here if you are interested in information about a scholarship due to insufficient funds.

**NOTE TO TEACHER:** Please give a copy to the School Nurse.

Student's Name: \_\_\_\_\_

**SPECIAL NOTES TO PARENTS:**

- Check here if your student requires medication during field trips. (CUSD Form #304 *Request for School Personnel to Administer Medication* is **already on file** in the school office.)
- Check here if your student requires medication not covered by an existing CUSD Form # 304 *Request for School Personnel to Administer Medication*, i.e., **evening meds.**
- Check here if your student has any special meal or other health needs. (Please make note on reverse.)
- Check here if there are **no** special problems that the staff should be aware of and **no** medications are required while on the trip.

**FOR OVERNIGHT TRIPS ONLY:** Please give approximate date of last Tetanus booster: \_\_\_\_\_

**Health Information and Permission to Administer Medication**

Please describe your child's health problem and any special meals or health measures needed other than medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Numbers**

Name	Relationship	Phone

If your child is to take medication while on the trip, California Education Code requires:

- 1) Permission by parent and instructions from the doctor must be provided for each medicine.  
***This applies to both prescription and over the counter medicines.***  
 Complete CUSD Form # 304 *Request for School Personnel to Administer Medication*
- 2) The medicine(s) must be brought to the office prior to the trip in a pharmacy-labeled container to be stored and administered by school personnel.

**NOTE:** Arrangements may be made for students with chronic health conditions to keep the necessary medication in their possession and self-administer if the parent and health care provider request such in writing **and** obtain advance approval from the School Nurse.

**Parent Permission:** I hereby request that a member of the school staff designated by the principal assist in administering medication to my child.

Parent/Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_