

**Stafford County Public Schools**  
**Health Services**  
**Permission and Medical Form for Overnight Field Trips**

Student's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Last, First MI

Date of Birth: \_\_\_\_\_ Present Address: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Health History:**

Is the student under medical treatment, or taking medication on a continuing basis? \_\_\_ No \_\_\_ Yes

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_ has permission to be given the following medication if needed:  
 (Student's Name)

Medication	Dose	Frequency	Route

Parents must prepare all medications for overnight field trips. Medications are to be sent in the original pharmacy container with a copy of this permission form. Physician permission should be on file in the school health office.

Physician's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Insurance Information:**

Insurance Company's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

**Medical Authorization:**

I give permission to the staff of Stafford County Public Schools to seek medical treatment for my child, \_\_\_\_\_,

In the event of an emergence, if I cannot be contacted. I further authorize the medical staff to provide any treatment deemed necessary by the attending physician.

\_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent/Guardian*

School Nurses do not accompany students on field trips and every effort will be made for medications to be administered. All medications taken must be ordered by a physician and permission granted by parent. Parents/Guardians may be asked to accompany students in some circumstances. Middle /High school students may assume responsibilities for their own medications as long as SCPS protocols are followed.