



ALL student's attending this trip **MUST** have the "Field Trip Permission Form" completed by a parent/guardian. The **Permission Form** and a completed **Medication Form** (only if needed) **MUST** be on file in Mr. Neugebauer's office by no later than Monday, March 2, 2020.

This form contains important medical information and permission for a physician selected by the administrator to treat your child in case of an emergency. It also contains medical information, including allergies, medications and emergency contact information. This form will only be used by the Registered Nurse attending the trip.

If the student requires medication during their trip, a Doctor's Order **MUST** be provided. This is for **ALL** medications, including prescribed and over the counter medications, such as, vitamins, controlled substances, inhalers, nebulizers, epinephrine auto injectors, glucagon, sleep aides, allergy medications and topical ointments.

*An order that already exists in the Health Office for the school year will be sufficient for the "as needed" medications.

*All medication **MUST BE IN ITS ORIGINAL CONTAINER WITH THE STUDENT'S NAME WRITTEN ON IT.**

*Please, only send the amount needed for the trip.

*Any medications considered **Controlled Substances**, will be carried and dispensed by the Registered Nurse on the trip.

*It is strongly recommended that all other medications be carried by the student, if the doctor and family feel the student is able to do so safely. If that is the case, the student may self carry the medication. Medication forms **MUST** still be completed by doctor and parent/guardian.

Please keep in mind, there will **NOT** be a nurse on every bus. If you think your student may need medication during the bus rides, they may get an order for **Independent Carry**. If not, the nurse on the trip will dispense the medication to them when the bus stops.

Students with certain medical needs will be on the bus with the nurse and their roommates.

Student's that are not participating in **Physical Education** at the time of the trip, **MUST** have a doctor's note clearing them to participate in the trip.

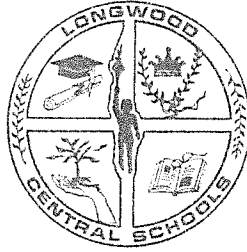
Due to the tremendous amount of walking each day, and at times difficult terrain, students must be able to ambulate fully on their own.

LONGWOOD CENTRAL SCHOOLS

35 YAPHANK-MIDDLE ISLAND ROAD • MIDDLE ISLAND, NEW YORK 11953-2373

MICHAEL R. LONERGAN, DSW
Superintendent of Schools

ADAM DeWITT, Principal
ROBERT NEUGEBAUER, Assistant Principal
KENNETH O'NEILL, Assistant Principal



LONGWOOD JUNIOR HIGH SCHOOL
198 LONGWOOD ROAD
MIDDLE ISLAND, NY 11953-2057
631-345-2700
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Longwood Junior High School

Washington, D. C.

Field Trip Parent Permission Form

Date of Trip: Thursday, April 2, 2020 – Saturday, April 4, 2020

Departure Time: 6:30 a.m. from the JHS

Return Time: 6:30 p.m. at the JHS

This form must be completed for ALL students attending the trip. Please hand in to Mr. Neugebauer's office by March 2, 2020.

Student's Name: _____
(Last name, First name)

Student ID # _____
Male/Female (Circle One)

Parent/Guardian: _____ **Home#** _____ **Cell #** _____

Parent/Guardian: _____ **Home#** _____ **Cell#** _____

In case of an emergency, I hereby give permission to the physician selected by the administrator, or his/her designee, to hospitalize, secure proper treatment for, order injections, medication, anesthesia, or surgery, for my child named above. If I cannot be reached at either of the telephone numbers given above, call the following emergency contact.

Name: _____ **Home#** _____ **Cell#** _____

2020 JHS WASHINGTON, D.C. TRIP MEDICATION FORM

Student's Name: _____
(Last Name, First Name)

Student ID# _____
Male/Female (Circle One)

Parent/Guardian: _____ Home #: _____ Cell #: _____

Date of Trip: 4/2/20 – 4/4/20
Destination: Washington, D.C.

Departure Time: 6:30 a.m. JHS
Return Time: 6:30 p.m. JHS

Dear Parent/Guardian:

If your child is planning to bring over the counter medication (Advil, Tylenol, etc.) or necessary prescribed medication, the proper forms must be on file with the nurse's office. This is a New York State regulation.

1. Medication form, if needed, is enclosed and **must be completed by your physician and signed by parent/guardian.**
2. All completed M.D./Parent medication forms **must be in the Health Office no later than Monday, March 2, 2020.**
3. Medication needs to be brought to the Junior High in its original container **no later than Monday, March 23rd, during the school day.**
4. **Self carry medication goes in the students carry - on bag – it DOES NOT get dropped off at the Health Office**

If medication forms are already on file in the H.O. for this school year, you do not need to refile them.

Is your child on any medication? Yes _____ No _____

Name of over the counter medication _____

Name of prescribed medication _____

List any allergies _____

Are there any medical concerns that we need to be aware of? Yes ____ No ____

Please describe if your answer is yes

Parent/Guardian Signature

Date

LONGWOOD CENTRAL SCHOOL DISTRICT
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION/INDEPENDENT USE AT
LONGWOOD SCHOOLS AND AFTER SCHOOL ACTIVITIES

INSTRUCTIONS TO PARENT/GUARDIAN: According to New York State law, medication, including non-prescription (over the counter) products, **WILL NOT** be administered in school **UNLESS THE FOLLOWING ARE PROVIDED:**

1. Section A: A written order from a licensed prescriber for any and all products described below
2. Section B: A written statement from the parent or guardian requesting administration of the medication in school as ordered by the licensed prescriber
3. The parent or guardian must assume responsibility to have the product delivered directly to the health office in a properly labeled original container.
4. Indication of ability for Independent Use and Carry by MD and parent signatures

A. PHYSICIAN'S PERMISSION FORM: *Please complete all sections in Part A*

Student: _____ Date of Birth: _____ Diagnosis: _____

Medication: _____

Dosage and Times Given: _____

Side Effects, if any _____

Duration: _____ Other recommendations? _____

Select option for this student:

- Nurse Dependent: Nurse must administer
- Supervised Student: Student self-administer under supervision
- INDEPENDENT: Complete box below**

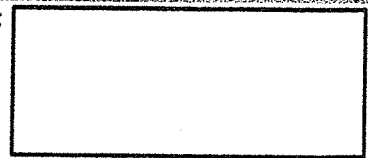
HEALTH CARE PROVIDER PERMISSION FOR INDEPENDENT USE AND CARRY- I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This Student is diagnosed with:

- ALLERGY and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled respiratory rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- _____ which requires rapid administration of _____
 (State Diagnosis) (Medication Name)

Prescriber's Signature: _____

STAMP:



Prescriber's Phone Number : _____ DATE: _____

B. PARENT/GUARDIAN PERMISSION (REQUIRED)

I hereby request that the nurse administer such medications during the school day as prescribed by the above health care provider. This medication is to be administered as ordered during the present school year, or until terminated by written notice. We release the nurse and the LCS D of any liability relative to the administration and/or reaction of the medication on the above named student.

I request that my child be permitted to carry/self-administer his/her medication at school and school sponsored activity if **the MD has indicated permission above**. I understand it is my responsibility to monitor my child on an ongoing basis to insure that he/she is carrying and taking the medication as ordered. Staff intervention and support is needed only during an emergency.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHONE NUMBER: _____ Student Grade: _____