

BELLEVUE SCHOOL DISTRICT NO. 405

Exhibit No. 3340.1.D

Policy and/or Procedure Reference No.

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Policy No. 3340

Effective Date:

Procedure No. 3340.1

November 16, 2010

Bellevue Public Schools  
Bellevue, Washington

**EXTENDED FIELD TRIP EMERGENCY HEALTH FORM**

To be filled out by the parent/guardian of the student attending the extended field trip or camp and returned to his/her teacher no later than April 20<sup>th</sup>.

Name of student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Disclosure of SS# is voluntary. It will be used for securing emergency medical care).

Name of parent/guardian: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work (mother) \_\_\_\_\_ Work (father) \_\_\_\_\_

Cell/pager \_\_\_\_\_ Cell/pager \_\_\_\_\_

Email address: \_\_\_\_\_

Student's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name, address, and phone number of **two** people who could be contacted in case of emergency if the parent/guardian cannot be reached (relatives, close friends). These people may provide information regarding where the parent/guardian might be reached, or they might be asked to give advice/permission for medical care. PLEASE NOTIFY THESE INDIVIDUALS THAT THEIR NAMES HAVE BEEN GIVEN FOR THIS PURPOSE.

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone (night): \_\_\_\_\_

Phone (night): \_\_\_\_\_

Cell/pager: \_\_\_\_\_

Cell/pager: \_\_\_\_\_

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event that I/we cannot be contacted to authorize emergency medical treatment for \_\_\_\_\_ during his/her participation in the camp/field trip, the Bellevue School District staff member in charge of medical care has my permission to authorize emergency medical treatment. I also give permission for school staff to transport my child to a medical treatment center if needed.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Needed in case of emergency:

Name of insurance company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Policy # \_\_\_\_\_

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**HEALTH INFORMATION:** The following health conditions can be of concern; please check any that have been a problem in the past or are currently a concern. If your student has a **life threatening condition** (severe asthma, severe allergic reaction, diabetes, seizures, etc.), a Health Care Plan **must** be attached.

CONDITION	PAST PROBLEM	CURRENT PROBLEM	PLEASE EXPLAIN
Abnormal Bleeding			
Allergies			
Please circle type of allergy: foods, insects, medication, environmental, other**			
Diabetes**			
Frequent infections			
Heart/circulatory problems			
Seizures**			
Intestinal problems (including frequent stomach aches, constipation, diarrhea, indigestion, etc.)			
Respiratory problems (including asthma, bronchitis)**			
Urinary problems (including bed wetting)			
Other, please indicate			

\*\*Attach Emergency Health Care Plan

Is your child physically able to take part in all trip activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what limitations are needed? \_\_\_\_\_

DATE OF LAST TETANUS IMMUNIZATION \_\_\_\_\_

Medication(s) student is currently taking: \_\_\_\_\_

If medication(s) is to be taken during the trip, **written instructions from the prescribing physician and parental permission must be obtained for each medication. A medication authorization form is attached and must be completed by a physician and returned/faxed to the school nurse. If more than one medication is to be taken, additional copies can be obtained at school. All medications will be kept and dispensed (as ordered by the physician) by a designated school employee. Prescription and non-prescription medication must be sent in the original pharmacy container. Non-prescription (over-the-counter medication) must be clearly labeled with the child's name, dosage, and time to be given. NO MEDICATION (prescription or non-prescription) CAN BE GIVEN WITHOUT A PHYSICIAN'S ORDER. To accommodate medication needs, all physician medication orders and medication(s) must be to the school nurse by \_\_\_\_\_.**