

# VENTNOR EDUCATIONAL COMMUNITY COMPLEX

## HEALTH OFFICE

### Class Trip Medical Update

#### **FORMS MUST BE RETURNED TO THE SCHOOL NURSE**

Please complete this Medical Update and return to school nurse

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medical Concern: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please help us prepare for your child's upcoming class trip. We have medication for your child in the VECC Health office, however, a school nurse will not be attending the trip. Medication which is readily available for your child during normal school hours will not be sent with your child unless arrangements are made with the School Nurse.

Parents/ Guardians are responsible for notifying the School Nurse and Classroom Teacher of any medication that must accompany your child on the class trip. As per VECC Medication Policy, students who require EMERGENCY medication (such as an epi-pen for severe allergic reactions or a rescue inhaler for asthma) **must have a written doctor's order and signed parent permission** allowing the student to carry and self-administer the medication. Please contact the School nurse with any additional questions or concerns about your child for the class trip.

#### **MEDICAL UPDATE: (PLEASE CHECK ONE)**

1. \_\_\_\_\_ I am a **VECC Board Approved Chaperone** and will be attending the trip with my child.
2. \_\_\_\_\_ My child **Does Not** have a life-threatening medical condition that requires administration of emergency medication and I **Will Not** be required to bring medication for the class trip.
3. \_\_\_\_\_ My child has a **LIFE THREATENING medical condition** (Asthma, Severe Allergy, Diabetes) and **may SELF-ADMINISTER EMERGENCY MEDICATION** according to their **Individualized Emergency Health Care Plan**.

**MEDICAL CONCERN:** \_\_\_\_\_ **NAME OF MEDICATION:** \_\_\_\_\_

I acknowledge and understand that the Ventnor school district shall incur no liability as a result of any injury arising from the self-administration of medication by a student. Please refer to Ventnor Board of Education Policy # 5141.21.

#### **PLEASE CHECK ONE:**

- I will bring in Emergency medication (inhaler / epi-pen) from home for my child to take on the class trip.
- I request my child take their Emergency Medication from the VECC Health Office for the class trip.

***\*\*\*To ensure my child's health & safety, information on this form may be shared with my Child's Teacher\*\*\****

Parent Name \_\_\_\_\_

Parent signature \_\_\_\_\_

Jane-Ann Marrone,  
School Nurse  
(609) 487-7909 Phone  
(609) 487-0109 Fax

Helen Machiavelli,  
School Nurse  
(609) 487-7909 Phone  
(609) 487-0109 Fax

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