

#1 of 5:
REQUIRED: 1 per Room

2019 Washington DC Roommate Preference Form

****Completed form is due THU, April 18****

Each group will have a room captain that will serve as the room contact. They are responsible for turning in the rooming list with three additional names on it. Room captains' name should appear on top with the three other roommates below. If you only include two others (for a total of three) it is likely that someone else will be placed in the room and/or your room may be split up since rooming assignments are based on **4 students to a room**. We will make every effort to place you with at least one person that you chose. **All trip forms must be completed and turned in with trip payment and payment of school fees before roommates will be assigned.** Incomplete forms, forms missing choices, and/or forms received after 4/18/2019 will be assigned where space is available. Please talk to Mr. Shank in room A208 for questions or concerns. All roommate and bus assignments will be final.

Room Captain Name #1: _____ Parent Signature _____

Captain's Team: CYC THU VIP Captain's homeroom _____

Roommate #2: _____ Parent signature _____

Roommate #3: _____ Parent signature _____

Roommate #4: _____ Parent signature _____

***** EVERY ROOMMATE MUST GET PARENT SIGNATURE FOR ROOM TO BE ASSIGNED *****

***** ROOM FORM DUE: THU, APRIL 18 ****

***** ALL DC TRIP/SCHOOL FEE MONEY DUE: THU, APRIL 11 *****



School Health Services

#2 of 5:
FOR YOUR RECORDS

Medical Information for Overnight Field Trip

Dear Parent/Guardian,

Please follow the instructions below to help us keep your child safe and healthy during our school trip.

Medication administration:

School Health Services staff or school district personnel cannot administer medication to your child without completed and signed medication administration forms. Please contact your school clinic if you need extra Medication Administration Forms.

- Students are not permitted to carry any medication on them. The only exceptions are emergency medications such as inhalers and epi-pens with a signed physician/health care provider Medication Administration Form.
- We will have Acetaminophen (Tylenol), Ibuprofen, and Benadryl and Tums on hand for the students. If you would like to give permission for us to administer those medications to your student, please indicate on the attached "Overnight Field Trip Student Health Form". If we don't have a signed form on file the student cannot receive these medications.
- If your child requires a prescription medication, complete a Prescription Medication Administration Form. Each prescription medication to be administered requires a separate form. A physician/health care provider signature is required.
- If your child may require an over the counter (Non-Prescription) medication, fill out the Non-Prescription Medication form. A parent/guardian signature is required.
- If we have emergency and prescription medication and Forms on file in the clinic, an additional form is not needed. If we do not have an epi-pen or inhaler in the clinic for your child, you will need to send in the appropriate medication and completed Prescription Medication Form prior to the field trip.

Medication Drop Off:

- All medications must be in the original prescription container or original over the counter container. No other containers or packaging will be accepted.
- All medication containers must be clearly marked with the child's name.
- We will not administer expired medication, so please check the expiration date prior to dropping off medication.
- We will have a medication drop off day on May 20, 2019 from 4:00 pm-6:00 pm.
- All prescription and non-prescription medication needs to be turned in with the appropriate forms no later than Thursday, May 23, 2019.

Health Concerns:

- Please complete the attached "Overnight Field Trip Student Health Form" completely. Be sure to list any health concerns that your child may have. If an emergency is to occur we want to make sure we have accurate information to give to emergency personnel.

If you have any questions, please call the school clinic/nurse at 330-906-6620.

Thank you!



Overnight Field Trip Student Health Form
Nordonia 8th Grade Washington D.C. Trip

#3 of 5:
REQUIRED FOR ALL

School Health Services

Student Name: _____ Date of Birth: _____

Student Address: _____

Class/Grade: _____

Emergency Contacts:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

Please list any health concerns your student has including food, medication and environmental allergies:

The below medications will be provided by the school district. If you would like to give permission for us to administer these medications to your student as needed, please indicate below:

<u>Medication:</u>	<u>Dosage (circle dosage):</u>	<u>Parent/Guardian Initial</u>
Regular Strength (Tylenol) Acetaminophen 325mg tablet	1 tablet (325mg) every 4-6 hours 2 tablets (650mg) every 4-6 hours	_____
Regular Strength Ibuprofen 200mg tablet	1 tablet (200mg) every 4-6 hours 2 tablets (400mg) every 4-6 hours	_____
Benadryl 25mg tablet	1 tablet (25mg) every 4-6 hours 2 tablets (50mg) every 4-6 hours	_____
Tums 500 mg	2-4 tabs as needed	_____

According to the Ohio Department of Health, sunscreen is considered an over the counter medication. Please label your child's sunscreen with their name and remind them that they are **not** permitted to share the sunscreen with other students.

_____ I give permission for my child to carry sunscreen with them on this trip.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



#4 of 5:
REQUIRED ONLY
FOR

X Non -Prescription Medication Administered
(Any medication that is purchased over the counter)

School: Nordonia Middle School Washington D.C. Trip
School Year: 2018-2019

* Only submit this form
for non-prescription items
NOT LISTED on page #3

Student Name: _____ Date of Birth: _____

Student Address: _____

Class/Grade: _____

Name of medication: _____ Dose: _____

Time to be given _____

Reason for medication to be administered: _____

Form of medication: _____ Tablet _____ Liquid _____ Other

Start Date: 5/29/2019 Stop Date: 5/31/2019

Special Instructions: _____

Potential adverse reactions to be reported to parent or doctor: _____

Doctor's Name: _____ Phone: _____
Printed Name

To Be Completed by Parent/Guardian:

I give permission for my child to receive medication at school according to the school district policy and as instructed by the physician and agree to:

- Assume responsibility for safe delivery of the medication in its original container to the school
- Notify the school immediately if there is any change in the use of this medication
- Have a new form completed by the parent if medication or dosage is changed
- Notify the school of changes in health care provider
- Allow School Health Services staff to send and/or receive information related to my child's health, as they deem appropriate for the duration of this order as noted above
- If this medication is needed for greater than 5 consecutive days a physician order is required
- Dosage must be same or less than dose for age on bottle

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

Alternate phone number in case of emergency: _____

****THIS FORM WILL EXPIRE AT THE END OF THE WASHINGTON D.C. TRIP****



Prescription Medication Administered

5 of 5:
REQUIRED FOR
← ONLY

School: Nordonia Middle School Washington D.C. Trip
School Year: 2018- 2019

(EACH DIFFERENT PRESCRIPTION
NEEDS FORM/DOCTOR APPROVAL)

Student Name: _____ Date of Birth: _____

Student Address: _____

Class/Grade: _____

Name of medication: _____ Dose: _____

Time to be given _____

Reason for medication to be administered: _____

Form of medication: Tablet Liquid Other

Start Date: 5/29/19 Stop Date: 5/31/2019

Special Instructions: _____

Potential adverse reactions to be reported to parent or doctor: _____

Physician's Name: _____ Phone: _____

Physician's Signature _____

Printed Name

To Be Completed by Parent/Guardian:

I give permission for my child to receive medication at school according to the school district policy and as instructed by the physician and agree to:

- Assume responsibility for safe delivery of the medication in its original container to the school
- Notify the school immediately if there is any change in the use of this medication
- Have a new form completed by the parent if medication or dosage is changed
- Notify the school of changes in health care provider
- Allow School Health Services staff to send and/or receive information related to my child's health, as they deem appropriate for the duration of this order as noted above
- If this medication is needed for greater than 5 consecutive days a physician order is required
- Dosage must be same or less than dose for age on bottle

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

Alternate phone number in case of emergency: _____

****THIS FORM WILL EXPIRE AT THE END OF THE WASHINGTON D.C. TRIP****