

This form required for every student on the trip.

Chelsea High School

Overnight Trip Letter from the Nurse

We are excited about your student's field trip to Orlando, FL on March 14-18, 2025. To ensure that your child has a safe trip, please completely fill out the following information for your student. Please include information that was filled out at the beginning of the year and conditions that are already on file. This information will better allow us to plan for and meet any unexplained medical needs your child may have on the trip.

Students Name: _____ DOB: _____

Parents Name: _____ Parents #: _____

Pediatrician: _____ Phone#: _____

Insurance: Yes or No Carrier: _____

Allergies: _____

Medical Conditions: _____

Will your student have a parent attending? Yes or No

If yes and the parent intends to bring and give their child's medication skip to the signature. If NO please complete the following section:

Medications routinely taken at home that will need to be given on the trip:

Medicine and Dose	Times given	Prescription
_____	_____	YES or NO
_____	_____	YES or NO
_____	_____	YES or NO
_____	_____	YES or NO

Parent/Guardian Signature _____ Date _____

Send to school with student or scan to atfields@shelbyed.org