

Braintree Public Schools Overnight Trip Form

NAME			
ADDRESS		HOME PHONE NUMBER	
MOTHER'S NAME		WORK NUMBER	
		CELL NUMBER/PAGER	
FATHER'S NAME		WORK NUMBER	
		CELL NUMBER/PAGER	

Please check the appropriate answer and elaborate as necessary.

YES NO

Does your child have any health problems/conditions? If the answer was yes, please specify:		
Does your child have any allergies? If the answer was yes, please specify:		
Does your child have any dietary restrictions? If the answer was yes, please specify:		
Does your child have any activity restrictions? If the answer was yes, please specify:		
Does your child sleepwalk?		
Does your child have nocturnal enuresis/bedwetting		
Can the nurse administer Acetaminophen/Tylenol to your child ?		
Can the nurse administer Ibuprofen to your child for headache or menstrual cramps?		
Will your child be bringing any medication(s) on the trip, including Epi-Pen or inhaler? If the above answer was yes, <u>please specify medication(s), dose and time of administration:</u>		
If your child is bringing an <u>Epi-Pen</u> or <u>inhaler</u> , may he/she carry it on his/her person? <u>Please check and initial.</u>		

REQUIRED INFORMATION

Date of last Tetanus shot _____

Child's Physician		Phone Number	
Health Insurance Provider		Policy Number	

**IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE
NOTIFY THE SCHOOL NURSE IN WRITING.**

I give permission for Braintree Public School Staff to seek emergency medical treatment for my child

PRINT CHILD'S NAME

Signature of parent/guardian

Date

Printed name of parent/guardian

Braintree Public Schools Grade 8 Washington, D.C. Trip Food Allergy Disclosure Form

We would like to create a Food Allergy Info Sheet for each bus to better accommodate students during meal times. While EF is great about working with restaurants ahead of time to provide appropriate meals for students with specific dietary needs, when 180 people show up at the restaurant, finding those specific students and making sure they get the correct meals can get hectic. With your permission, this sheet would include your child's name and their specific allergies or dietary needs and would be shared with the following people to get the right food to the right students as quickly as possible:

- **Trip Leaders (Mr. Puglisi, Ms. Proulx, Mr. Rainie)**
- **Trip nurses (one per school)**
- **The Lead Chaperone on your child's bus**
- **EF Tour Guides and Tour Directors**
- **Restaurant staff**

For your convenience, an example of what this sheet would look like can be found below.

Braintree Grade 8 Washington, D.C. Trip
Food Allergy Info Sheet

Bus 2 – South
Bus Leader: Kelsey Bell
Tour Director: Scott Terry Tour Guide: Trent Shelton

Chaperone Allergies

Chaperone Name	Gluten-free
Chaperone Name	Allergy: Peanuts, tree nuts

Student Allergies

Student's Name	Allergy	Chaperone
Student's Name	Milk	Nikki Cottam
Student's Name	Egg	Damon Rainie
Student's Name	Peanuts, tree nuts	Christine Norris

I give permission to Braintree Public School Staff to share my child's name and specific dietary needs with the groups listed above in order to best accommodate my child.

Printed name of child

Signature of parent/guardian

Date

Printed name of parent/guardian