

**Berkshire Middle School
Sixth Grade Traveling Classroom to Kentucky's Cave Country
Medical Form**

Parent/Guardian is required to complete this medical form. PLEASE PRINT.

Student Name _____ Parent/Guardian Name _____

Home Phone(s) _____ Business Phone _____

Other Names _____ Phone _____
(in case you cannot be reached)

Medical Insurance Company Name _____

Please attach a photocopy of your child's medical insurance carrier card to this form, front and back.

Insurance must be in effect during the trip, from April 29 – May 2, 2014.

1. Will your child require any medication during the trip? Yes _____ No _____
2. If you answered YES to #1, is the medication currently in the school office? Yes _____ No _____
3. If you answered NO to #2, please contact Mrs. Weber (248-203-4718) in the Berkshire Office to obtain a "Permission to Administer Medication" form. This form requires a physician's signature for prescribed medications.
4. We will be taking the medications which are currently in the school office and administering them as indicated on the forms we currently have.
5. The "Permission to Administer Medication" form and all medications must be given to Mrs. Weber by Monday, April 14, 2014.
6. Students may not take medication without a "Permission to Administer Medication" form on file.
7. Please refer to the Birmingham Public Schools most recent Policy regarding Use of Medications. This policy is printed in the front portion of your child's Student Handbook.
8. Please list any additional medical information or instructions you feel we may need:

I also give permission for emergency medical assistance to be obtained in the event that I cannot be reached at the above phone numbers and authorize the attending physician and hospital personnel to take such action and give treatment as they deem advisable for my child's health and comfort. I will be responsible for all medical charges resulting from such assistance during the Traveling Classroom to Kentucky's Cave Country, April 29 – May 2, 2014.

Parent/Guardian Signature _____ Date _____

This completed form and a photocopy of the medical insurance card (front and back) covering your child must be returned to Mrs. Weber by Monday, April 14, 2014.