

Field Trip Procedure Overview Checklist:

	I nurses need 3-4 weeks to clear students for a field trip, which can be a time-consuming process. provide:
0	A typed student list in alphabetical order with all student ID numbers,
0	No handwritten lists without ID numbers can be accepted
All stu	dents attending the field trip will have up-to-date:
0	Physicals, and
0	Immunizations, and
0	Medications, (if applicable), and
0	Medical Alert lists
	 Provided to the appropriate adult personal attending the trip.
If med	lications are needed, (YPS Medication Authorization Form up-to-date), determine if the student is
0	Dependent student: requires licensed medical personal for medication administration
	First request a parent or a designee to attend, (Appendix B)
	 If they cannot attend contact Health Services and make aware for need of nurse
0	Supervised student: requires licensed medical personal or an unlicensed adult for medication administration if a parent or designee is not attending, (see Appendix C, D).
0	Independent student: may carry and self-administer their own medications. A volunteer may
	store and carry their medications for them, (see Appendix E, F).
Helpfu	ıl Handouts, (if applicable)
0	A Medication Summary Log of students needing or carrying medication can be submitted, (Appendix G)
0	Tick and Tick-Borne Disease Handouts can be provided to parents, (if applicable), for an outdoor
	trip, (Appendix I).

o Sunscreen: if needed, the sunscreen permission form, (Appendix J), completed.



Title/Description: Field Trip Protocol Draft	Approved by: Dr. Ammir Rabadi, MD
Date: 5/1/23	Section: YPS Health Services
Updated: 3/4/25	

The principal or teacher should make the nurse aware of any upcoming field trips as soon as possible. Requests for field trips will now include the Nurse's signature, to acknowledge notification of the upcoming proposed trip and facilitate coordination on the building level with the teacher/organizer of the event for medical clearance completion.

No handwritten submissions can be accepted, all lists should be typed in alphabetical order and include the student ID numbers.

Physicals:

All physicals for students attending the trip will be up-to-date according to NYS guidelines. Mandated year physicals within 12 months of the start of academic year.

Immunizations: All students will be up-to-date with their immunizations or conforming to "in process" ACIP guidelines to attend.

Medical Alert Lists:

A medical alert list should be provided to the supervising adults for any students of concern identified on the field trip with preexisting medical conditions and/or allergies.

Medication Oversight of Students:

All students with scheduled or PRN medications in school will have completed the "YPS Medication Authorization Form", signed by both parent and clinician within the last 12 months (Appendix A).

I. Nurse Dependent Students:

In accordance with state laws, Nurse Dependent Students will need a licensed health professional to attend the field trip in order to administer their medication to them. Parents/guardians may choose to accompany their child on the trip to administer their child's medication; however, parents/guardians of such students cannot be required to attend a field trip.

Designee: A parent/guardian may choose to appoint a parent designee who is a friend or family member to act in their place and administer medication to their child at a single school event or field trip. Appointment of a parent designee is the choice of the parent/guardian, and school personnel may not require a parent/guardian to appoint one. The parental permission form "YPS Parent/Guardian Permission to Allow an Adult (Designee) to Administer Medication", (Appendix B) must be completed prior to the trip.

II. Supervised Students:

Oversight of medication self-administration by Supervised Students may be delegated to trained unlicensed school personnel. All supervised students in addition must also have their evaluation by the nurse and the completed form, "YPS Nurses Supervised Student Evaluation" on file, (Appendix C).

Unlicensed School Personnel willing to supervise a student to take their medication must be appropriately instructed by a licensed school professional (RN, NP, PA, or physician) to assist with a Supervised or self-directed student, and the "**YPS Training Checklist for Unlicensed Personnel for Medication Administration for Supervised Students**" (Appendix D).

Ideally each student should have a written emergency action plan for personnel to follow in the event of an emergency or they are unable to contact the licensed school health professionals for questions.

III. Independent Students:

As stated earlier, pursuant to Article 19 §916, 916-a, 916-b Independent Students in addition to the medication authorization must also have the, "YPS Provider and Parent Permissions for Independent Medication Carry and Use" form completed, (Appendix E). They may carry and self- administer their own rescue medications for respiratory conditions, epinephrine autoinjector, or insulin, glucagon, and related diabetes supplies at school sponsored events. The nurse must also ensure completion of the "YPS Student Self Administration Evaluation", (Appendix F).

Independent Students with other health conditions warranting timely administration of their medications should also be permitted to self-carry and self-administer their medication to prevent negative health outcomes. Medications that do not require rapid administration should be kept in the custody of a staff member. Students will then go to that staff person to take their medications. This ensures medications dosages are accounted for by school personnel, students are taking medications as prescribed, and medications are not accessible to students who do not need them.

Summary Medication Field Trip Form

A medication log can be provided for the licensed health care professional administering medications and to make the staff aware of the students that are able to self-administer medication or be supervised, (Appendix G).

Preparation of Medication

School health personnel should remind teachers and administrators, that both school health personnel and parents/guardians must be notified well in advance of any field trips so that there is enough time for them to arrange for any necessary personnel, orders and consents required for administration of medications on the trip. Medication which is not given routinely during the school day may be needed for off-site or extended school sponsored trips. Parents/guardians need communication in advance that provider orders, parent permission, and the medication must be provided to the school in order to allow the student to have access to the medication on the field trip. When medications are to be given off school grounds or after school hours, the medications should remain in the original, properly labeled container until utilized by the student.

Medications: Receipt Forms for Medications

Schools should consider using receipts for medications provided by a parent/guardian that will be administered on a field trip. This will enable the school to verify what was provided, and to account for all doses upon returning any unused medication to the parent/guardian, (Appendix H).

Compliance with Federal Laws and students with Disabilities

Districts should be knowledgeable about and ensure compliance with applicable Federal laws including, but not necessarily limited to, the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). These laws require students' accessibility to all school events, including field trips. Therefore, a school should have several options available to ensure accessibility to all students while still meeting the students' health and safety needs.

If a licensed health professional is not available to attend the trip to meet the health needs of a student or students, and the parent(s)/guardian(s) choose not to attend or appoint a designee, then the field trip is to be canceled rather than exclude a student due to their health needs consistent with Federal Laws.

Pursuant to Education Law §922 re: opioid antagonists, and Education Law § 921 re: epinephrine auto-injectors-unlicensed personnel may not administer these medications off site. However, unlicensed personnel trained by school nurse or other appropriate licensed personnel to administer epinephrine auto-injector to a student with a patient specific order may administer the medication on school property and at any school function.

Tick and Tick -borne Disease Handout:

The "Tick and Tick-borne disease handout may be distributed for any outside field trips with risk of tick exposure, (Appendix I).

Sunscreen:

Article 19 §907 of Education Law states that the board of education or trustees of each school district and board of cooperative educational services, and the governing body of each elementary, middle and secondary school, shall allow students to carry and use topical sunscreen products approved by the federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness, with the written permission of the parent or guardian of the student. Nurses must ensure, "YPS Sunscreen Permission Form" is completed, (Appendix J).

Frequently Asked Questions: Please refer to Appendix K for full guidance.

- 1. If a student's health needs require professional nursing services on a field trip, can the student be excluded a nurse is not available?
 - A: No, A student cannot be excluded from a field trip
- 2. Can the parent/guardian be required to attend a field trip in order for their child to attend?A: No, It is against federal law to require parents/guardians of children with serious health issues to go on field trips per Section 504 of the Rehabilitation Act of 1973
- 3. What happens if a Nurse Dependent student has a medication order, and NO NURSE or PARENT or PARENT DESIGNEE is available to go on a class trip?
 - A: If a nurse-dependent student has a medication order, and NO NURSE or PARENT or PARENT DESIGNEE is available to go on a class trip to administer the medication, the TRIP should be canceled or postponed because the child cannot be left out.
- 4. Do the Medication Authorization Guidelines need to be followed on a field trip?
 - A: Yes, all students who require medication during the duration of the trip need both a provider order and parent permission.
- 5. Does a nurse need to go on a field trip if a Nurse Dependent student going on the trip has an order for medication that must be administered during the trip?
 - A: Yes, if the parent or parent designee has not voluntarily chosen to accompany the student, only a registered nurse or a licensed practical nurse under the direction of an RN may administer.
- 6. What procedures should be followed for Independent Students who are permitted to self-carry and self-administer their medication by both their parent and health care provider? Independent students may maintain their own non-prescription and prescription medications, which should be stored in the original OTC or pharmacy bottle.
- 7. Does a nurse need to go on a field trip if a Nurse Dependent student going on the trip has an order for an Epinephrine Auto-Injector or Glucagon?
 - A: Exceptions for epinephrine and glucagon have been made by NYS. The school nurse can train a willing school volunteer to administer epinephrine auto-injectors (EAI) and/or glucagon to students with a specific order for either of these medications in the event that no school nurse is present.
- 8. If a student has an order for an antihistamine as well as epinephrine, can the school nurse train a willing school volunteer to administer that in the absence of the school nurse?
 - A: No, the exception was made for epinephrine, not anti-histamines. The school staff member may "assist" a Supervised student to administer their own anti-histamine.
- 9. Out-of-State: (please refer to full guidance, Appendix K).

Planning:

Nurses should consider providing chaperones with Emergency Care Plans for any student with a potentially life-threatening health issue.

Additional questions may be directed to the $\underline{\mbox{NYS Office of Professions}}$

 $\frac{https://www.schoolhealthny.com/site/default.aspx?PageType=3\&ModuleInstanceID=189\&ViewID=7b97f7ed-8e5e-4120-848f-a8b4987d588f\&RenderLoc=0\&FlexDataID=485\&PageID=140$

Appendix A



	Provider and Parent Permission to Administer ol/School Sponsored Events
	npleted by Parent
Student Name:	DOB:
Grade: Teacher/HR:	School:
_	his plan; or after the nurse determines my child can take their e their own medications. I will provide the medication in the n will be shared with school staff caring for my child.
Parent/Guardian Signature	 Date
Email	Phone Where We Can Reach You
To Be Completed By Health	Care Provider-Valid for 12 Months
Diagnosis	
Medication	-
Dose Route	Time(s)
Recommendations	ICD Code
Note: Medication will be given as close to the prescribed before or after the prescribed time. Please advise if there	•
☐ Per MEDICAID requirements, frequency & duration a	s indicated "per" IEP when appropriate.
inhaled respiratory rescue medications, epinephrine auto	ent has demonstrated they can effectively self- administer o-injector, Insulin, carry glucagon and diabetes supplies or ong with parent/guardian permission delivery to allow this on to this form to request this option. Stamp
Name/ little of Prescriber (Please Print)	Date

		Phoi	ne		
	Email				
eturn to:					
chool Nurse:		S	chool:		
chool Address:					
hone: ()	Fax: ()		_ Email	
					Арр
	ĺ	YO PUBLIC	NKER c school	S DLS	
				.	
Parent Permission to A	Allow Anot	her Adult (Designee	e) to Give	Medication to Their Child
To Bo C	omploted k	hy Daront/G	Suardian	for Each	Modication
то ве С	ompietea i	by Parent/G	uaruian	IOI Eacii	vieuication
nformation about the St	udent				
Name:			Grade:	□ N/A	Teacher/HR:
School:			DOB:	/ /	Date:
erson (Designee) Chose	n by Paren	t to Give th	e Medica	ation(s)	
erson (Designee) Chose Name:	n by Paren	t to Give th		ation(s) elationship:	
Name:			R	elationship:	
Name: ledication(s) To Be Give	n to the Stu	udent By th	e Design	elationship:	Time Medication Should Re
Name: ledication(s) To Be Given Medication Name	n to the Stu	udent By th	e Design	elationship: ee edication-	Time Medication Should Be Given - Copied from Label
Name: ledication(s) To Be Give	n to the Stu	udent By th	e Design	elationship: ee edication-	Time Medication Should Be Given - Copied from Label
Name: ledication(s) To Be Given Medication Name	n to the Stu	udent By th	e Design	elationship: ee edication-	
Name: ledication(s) To Be Given Medication Name	n to the Stu	udent By th	e Design	elationship: ee edication-	
Name: ledication(s) To Be Given Medication Name	n to the Stu	udent By th	e Design	elationship: ee edication-	
Name: ledication(s) To Be Given Medication Nam Copied from Lab	n to the Stu	Dose/An	e Design	elationship: ee edication- abel	Given - Copied from Label
Name: ledication(s) To Be Given Medication Nam Copied from Lab	n to the Stude	Dose/An	e Design	elationship: ee edication- abel	
Name: ledication(s) To Be Given Medication Nam Copied from Laboration imeframe Medication W	n to the Stude	Dose/An	e Design	elationship: ee edication- abel	Given - Copied from Label
Medication(s) To Be Given Medication Nam Copied from Labe	n to the Stude	Dose/An	e Design	elationship: ee edication- abel	Given - Copied from Label

- I have included provider order and parent permission form for medications administration during school sponsored events.
- I permit the designee listed above to administer the medication(s) listed to my child.

- I will train the designee listed on how to properly give the medication and provide the medication to the designee in a properly labeled container.
- I understand that the School or District will not be liable for any problems that may arise as a result of the administration of the listed medications) by the designee.

Parent/Guardian Printed Name:	Phone:	
Parent/Guardian Signature:	Date:	
Please note: The person chosen as the designee must be in accordance		
household member or friend, or person employed primarily in a domestic out, or accept employment as a person licensed to practice nursing.	capacity who does not hold himself or	herself
A separate form must be completed for each	ch event requested.	Appendix C

		The separate is a second secon
		YOKERS PUBLIC SCHOOLS
		YPS Nurses Supervised Student Evaluation:
Student Name:		DOB:
Supervised Stu	dent	een evaluated with the following criteria to determine whether this student should be considered a for medication administration based on the diagnosis and medication prescribed, the cognitive and ment of the student.
This student ha	ıs de	monstrated the following parameters consistently:
	1.	Administer the medication to him/herself via the correct route;
	2.	Identify the correct medication (e.g. color, shape);
	3.	Identify the purpose of the medication (e.g. improves attention);
	4.	Identify the correct dosage is handed to them if they cannot pour own
		medication for dexterity issue (e.g. one tablet, 2 puffs, 3 units, etc.);
	5.	Identify the time the medication is needed during the school day (e.g. lunch time,
		before/after recess, etc.);
	6.	Know the parameters or condition(s) under which the medication is to be taken,
		and will not to take the medication if the parameters or condition(s) are not
		met (e.g. blood glucose, or taken only for headache, shortness of breath, etc.);
	7.	Describe what will happen if medication is not taken (e.g., unable to complete
		school work, blood glucose will elevate, etc.); and

8. Identifies the need to refuse to take medication if there are any concerns,

Student cleared to as a Supervised student
Student Not cleared as a Supervised student related to the following reason and plan:

School Nurse: _			
Date:			

Appendix D



Training Checklist for Unlicensed Assistive Personnel To Assist Supervised Students in Taking Their Own Medication

	e individual below has been observed or verbalized their ability to be able successfully complete the following skills:	Initial Training Date/Initials	Review Date/Initials
•	Ask the student their name		
•	Locate provider & parent authorization to administer medication and verify student identity by name or photo (if available)		
•	At student's direction: locate the medication and assist the student if requested to open, remove, pour, or assist with math verification or verification of number entered into a BG meter		
•	Ask the student: the name of the medication, what it is for, how it helps them, and what happens if they do not take it		
•	Match medication label to order for the correct name, medication, and dose		
•	Verbalize that the student will either: a. open the container, take out the correct dose and place it in the cup, or b. direct the trained staff member to take out the correct dose and place it in the cup (if unable to do so themselves)		
•	Observe the student taking medication as prescribed		
•	Return medication bottle to medication cabinet or school nurse (after a field trip) and secure medication per district policy		
•	Provide documentation to nurse that: a. medication was taken by the student as prescribed, or b. medication was not taken and reason for the omission		

RN Initials	Print Name	RN Signature	Title

Name of Unlicensed Staff Member Trained:	
Signature of Unlicensed Staff Member Trained:	
	Ammondia
YOKERS PUBLIC SCHOOLS	Appendix
YPS PROVIDER ATTESTATION AND PARENT PERMISSIONS FOR INDEPENDENT MEDICATION CARRY AND USE	
Directions for the Health Care Provider: This form may be used as an addendum to a medication does not contain the required diagnosis and attestation for a student to independently carry are medication as required by NYS law. A provider order and parent/guardian permission are nee for a student to carry and use medications that require rapid administration to prevent negat outcomes. These medications should be identified by checking the appropriate boxes be	nd use their ded in order ive health elow.
Student Name: DOB:	
Health Care Provider Permission for Independent Use and Carry attest that this student has demonstrated to me that he or she can self-administer medication(s) listed below safely and effectively, and may carry and use this medical delivery device if needed) independently at any school/school sponsored activity. Intervention and support is needed only during an emergency. This order applies to medications checked below:	ation (with Staff
This student is diagnosed with:	
 □ Allergy and requires Epinephrine Auto-injector □ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medic □ Diabetes and requires Insulin/Glucagon/Diabetes Supplies 	cation

Parent/Guardian Permission for Independent Use and Carry

(State Diagnosis)

Signature: ____

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity/field trip. Staff intervention and support is needed only during an emergency.

(Medication Name)

Date: _____

Signature:		YOKERS PUBLIC SCHOOLS
		Date:
Please return to Son School Nurse:	chool Nurse:	School:
Phone #:	Fax:	Email:
riione #.	ı ax.	Lillali.
		Ap
	YPS Nurses Indepe	endent Student Evaluation:
Namo		DOR:
Date:	following information with the	
I have reviewed the following criteria: 1. Medical Aut 2. Attestation 3. Copies of M 4. I have revie 5. How to carr students can a 6. Reviewed th order to decre 7. Requested to	chorization Form is complete. Form is complete. edication Orders are in the character wed with the student, how to only the properly labeled medication orders it. The need to ideally carry only the case the possibility of medications they provide additional dose(s)	student and parent, (if applicable) and the student has mentand Covering Nurses logbook. Otain help from school personnel, as needed. On on their person or to store it in their locker to ensure no ot number of doses and related equipment required for that da

School Nurse:

Date: _____

Appendix G



Field Trip Medication Record for Licensed Professionals Administering Medications and List of Supervised and Independent Carry Students

Date:

Field Trip:

School:	Teacher:			Teacher: Grade:						
Student Name (Last Name, First Name)	Medication	Dose	Time	Initial & Date to Indicate Student Use of Supplied Medication						

Nurse Signature Nurse Signature				1				1	T	
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Desage: Time to be given: Date: Dosage: Time to be given: Date: Parent Permission Received Number of Pills Received (if count is appropriate): School Nurse Signature: Date: Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature:										
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Desage: Time to be given: Date: Dosage: Time to be given: Date: Dosage: Time to be given: School Nurse Signature: Date: Number of Pills Received (if count is appropriate): Subsequent Medication Delivery Date: Number of Pills Received (if count is appropriate): Date: Number of Pills Received (if count is appropriate):										
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Desage: Time to be given: Defined to the provider Order Received										
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Desage: Time to be given: Defined to the provider Order Received										
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Desage: Time to be given: Deschool Nurse Signature: School Nurse Signature: Subsequent Medication Delivery Date: Number of Pills Received (if count is appropriate): Subsequent Medication Delivery Date: Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature:	<u> </u>									
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Dosage: Time to be given: Defined Healthcare Provider Order Received		Nurse S	ignature					Initi	ials	
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Dosage: Time to be given: Date: Parent Permission Received Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature: School Nurse Signature: Date: Number of Pills Received (if count is appropriate): School Nurse Signature:	L		. W.							Append
RECEIPT OF MEDICATION DELIVERED TO SCHOOL Student Name: DOB: Teacher: Grade: INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Date: Dosage: Time to be given: Date: Parent Permission Received Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature: School Nurse Signature: Parent / Guardian Signature:				YOK PUBLIC SCH	ERS					
INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Healthcare Provider Order Received		RECEIPT O				O SCH	OOL			
INITIAL MEDICATION DELIVERY Name of Medication: Date: Dosage: Time to be given: Healthcare Provider Order Received	Charles Nove					DOD.				
INITIAL MEDICATION DELIVERY Name of Medication:	Student Name: Teacher:									
Name of Medication: Date: Dosage: Time to be given: Healthcare Provider Order Received										
Date: Dosage: Time to be given: Healthcare Provider Order Received			INITIAL	MEDICATION	DELIVERY					
Healthcare Provider Order Received Parent Permission Received Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature: SUBSEQUENT MEDICATION DELIVERY Date: Number of Pills Received (if count is appropriate): School Nurse Signature:	Name of Medication:							_		
Number of Pills Received (if count is appropriate):	Date: Dosage: _			Time to	be given: _					
School Nurse Signature:	☐ He	althcare Provide	er Order Red	ceived	☐ Paren	it Permis	sion Rece	eived		
School Nurse Signature:	Number of Pills Received (if count is appro	opriate):							
SUBSEQUENT MEDICATION DELIVERY Date: Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature:										
SUBSEQUENT MEDICATION DELIVERY Date: Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature:								_		
Date: Number of Pills Received (if count is appropriate): School Nurse Signature: Parent / Guardian Signature:	Parent / Guardian Signatu 	re:						_		
School Nurse Signature:Parent / Guardian Signature:			SUBSEQUE	NT MEDICATIO	N DELIVER	Υ				
Parent / Guardian Signature:	Date: Number	of Pills Receive	d (if count i	s appropriate)	:			_		
	School Nurse Signature:									
	Parent / Guardian Signatu	re:								
School Nurse Signature:	School Nurse Signature:									
Parent / Guardian Signature:										

Date: Number of Pills Received (if count is appropriate):					
School Nurse Signature:					
Parent / Guardian Signature:					
Date: Number of Pills Received (if count is appropriate):					
School Nurse Signature:					
Parent / Guardian Signature:					



Outdoor Field Trip Reminder Regarding Ticks and Tick-borne Disease

Dear Parents,

This is a reminder that we will be going on a field trip that will take place outdoors. This is a great time to use the information below to talk to your child about tick safety.

Prevention Tips Include:

- Wear light-colored clothing, which helps you see ticks more easily.
- Wear long-sleeve shirts and tuck your pant legs into your socks.

EPA Registered Tick Repellents*

- Consider applying an EPA registered tick repellent containing more than 20% of active Ingredients like DEET,
 picaridin or IR 3535 before your student comes to school the day of the field trip. The EPA registration number may be found on the front label. They typically last about 4 hours.
- Products are also available to apply to clothing such as Permethrin They provide extended protection and avoid the risks associated with applying the products to your child's skin.
- Following the label directions for both skin and clothing applied repellents is very important.

Tick Removal

- Remove ticks from skin as quickly as possible to avoid attachment and remove embedded ticks with finepoint tweezers.
- Do not use petroleum jelly, a hot match, nail polish or other substances. With tweezers, grasp the tick as
 close to your skin as possible and smoothly pull the tick from your skin. Wash the skin with soap and water
 and apply an antiseptic cream. Save the tick if possible to show your doctor.
- A rash appearing around the bite area, a flu-like illness and joint swelling or pain may all be symptoms of Lyme disease. It is important to see your health care provider if you have removed a tick and feel ill.

Early Lyme disease

Ticks transmit bacteria that is the cause of Lyme disease. The tick must attach to human skin for about 24-hours to transfer Lyme disease-causing bacterium. About 20 percent of infected people do not develop a rash but may show early symptoms of the disease, such as fever, headache, and fatigue. Detection in early stages of Lyme disease typically means successful treatment with antibiotics; but left undetected, the disease could cause other health issues.

More information on ticks is on the websites below:

New York State Center for School Health: https://www.schoolhealthny.com/ticks
NYS Department of Health: https://www.health.ny.gov/diseases/contagious/lyme/
*Repellent information was provided by the NYS Department of Environmental Conservation and University of Rhode Island TickEncouter Resource Center: https://www.tickencounter.org/



Sunscreen Parent Permission for Use at School/School Sponsored Events

To Be Completed by Parent- Valid for 1 Year

Student Name:	DOB:					
Grade: Teacher/HR:	School:					
·	ucation Law allows students who can apply or direct school oducts to carry and use them at school/school sponsored					
If student CANNOT apply or direct an adult to apply school provided sunscreen, a licensed health profess parent/guardian consent is needed.	sunscreen for them, whether his/her own sunscreen or sional must apply it. A provider order and written					
The name of the school provided sunscreen product	t is					
My student CAN apply sunscreen by themselves or c	direct an adult to apply sunscreen for them					
☐ I allow my child or directed adult to apply his/he	er own FDA approved sunscreen, as needed.					
Parent/Guardian Signature and Contact Informatio	n					
Name:	Date:					
Signature:	Phone:					
Return to:						
School Nurse:	School:					
School Address:						
Phone: ()	Fax: ()					
Fmail						

EXCLUSION OF STUDENT DUE TO DISABILITY

Q: If a student's health needs require professional nursing services on a field trip, can the student be excluded from the field trip if a nurse is not available to accompany the trip?

A: No, A student cannot be excluded from a field trip due to a medical condition or other disability. "As with extracurricular activities, districts must provide nonacademic services or benefits in a nondiscriminatory manner that allows disabled students an equal opportunity to participate. 34 C.F.R. §104.37(a)(1). In the student context, this issue arises primarily with respect to after-school programs, summer programs, field trips, and recreational activities, all of which must be provided in a manner that allows for disabled students' participation. Schools may not condition the provision of the nonacademic service on the parent's attendance or provision of a babysitter, exclude disabled students, or charge a higher cost than that charged to non-disabled students' parents.

For more information, see: Discrimination on the Basis of Disability | HHS.gov

Q: May a school require a parent/guardian to attend a field trip in order for their child to attend?

A: No, It is against federal law to require parents/guardians of children with serious health issues to go on field trips per Section 504 of the Rehabilitation Act of 1973. It states that "Schools may not condition the provision of the nonacademic service on the parent's attendance or provision of a babysitter, exclude disabled students, or charge a higher cost than that charged to non-disabled students' parents."

For more information, see: Discrimination on the Basis of Disability | HHS.gov

Q: What is the outcome if a Nurse Dependent student has a medication order, and NO NURSE or PARENT or PARENT DESIGNEE is available to go on a class trip?

A: If a nurse-dependent student has a medication order, and NO NURSE or PARENT or PARENT DESIGNEE is available to go on a class trip to administer the medication, the TRIP should be canceled or postponed because the child cannot be left out. An additional resource for information on this issue is **NYSED Memo: Provision of Nursing Services in School Settings- Including One to One Nursing Services to Students with Special Needs**

MEDICATION ADMINISTRATION OR USE

A:

Q: Must the NYSED Medication Guidelines be followed on a field trip?

A: Yes, The RN must follow the NYSED Medication Guidelines when administering medication to students on a field trip, regardless of the length or location. This means that all students who will require medication during the duration of the trip need both a provider order and parent permission. Parents whose students will require medication for the trip that they do not require on a daily basis at school should obtain physician orders and provide the medication. Chaperones should be notified of any controlled substance.

Q: Does a nurse need to go on a field trip if a Nurse Dependent student going on the trip has an order for medication that must be administered during the trip?

A: Yes, if the parent or parent designee has not voluntarily chosen to accompany the student, only a registered nurse or a licensed practical nurse under the direction of an RN may administer medication in NYS.

Q: What procedures should be followed for Independent Students who are permitted to self-carry and self-administer their medication by both their parent and health care provider?

• Students who have been deemed Independent are considered to be independent in their medication delivery. They may maintain their own non-prescription and prescription medications, which should be stored in the original OTC or pharmacy bottle. If there is concern about safety, a plan should be developed in conjunction with the school health staff, parents/ guardians, students, and school administrators.

- For extended field trips, parents should provide the medication (prepared by the student's pharmacy) to the person in charge of the field trip. This medication may be carried by the student or the chaperone.
- If a chaperone is given medication at the last minute, it becomes a judgment call on the part of the chaperone and school administration. Each situation, medical condition, age of the child, kind of student, kind of parent, nature of the medication, nature of potential side effects, and the likelihood of further difficulty from the medical condition must be considered.

Q: Does a nurse need to go on a field trip if a Nurse Dependent student going on the trip has an order for an Epinephrine Auto-Injector or Glucagon?

A: While only a nurse may administer medication to a nurse-dependent student, the state has made an exception for epinephrine and glucagon. The school nurse can train a willing school volunteer to administer epinephrine auto-injectors (EAI) and/or glucagon to students with a specific order for either of these medications in the event that no school nurse is present. Education Law Article 19 Section 921-a addresses this and can be found on the Laws and Guidelines page of this website under the heading "New York State Law."

Q: If a student has an order for an antihistamine as well as epinephrine, can the school nurse train a willing school volunteer to administer that in the absence of the school nurse?

A: No, the exception was made for epinephrine, not anti-histamines. If this student is deemed Supervised, the school staff member may "assist" the student to administer his or her own anti-histamine but may not "administer" the medication. If the student is not considered Supervised, then either the nurse, parent, or parent designee must go to administer it if the anti-histamine is part of the Emergency Care Plan.

OUT-OF-STATE/ FOREIGN COUNTRY FIELD TRIPS

Q: How does the NYS Nurse Practice Act address NYS school nurses traveling with students to other states as well as nurses in other states coming to New York?

A: There is an exemption in the Nurse Practice Act which covers NYS Registered Nurses (RNs) who accompany students on field trips to other states. They may provide care for NYS students as long as they do not hold themselves out to be "RNs" to anyone in the host state. The school nurse should contact the State Board of Nursing of the state to which he/she is traveling. The contact information for each state is located **here.** When asking questions about professional nursing, inquiries should also include the ability of unlicensed persons to provide care.

New York has an exemption in the Nurse Practice Act so that RNs coming here are covered as long as they do not hold themselves out to be "RNs" to anyone in the host state. This relates to RNs coming HERE. It would be wise to check with the State Board of Nursing in the state you might be traveling to in order to confirm that state's specific laws and regulations.

Note: Because of the frequency of trips taken, we have confirmed with the states between here and Washington D.C. that a NYS school nurse can practice on a short-term basis in another state if that nurse cares for his/her students only and does not hold themselves out to be an "RN" to others in that state.

Q: If NYS students are traveling through or to a different state or foreign country and the school nurse is accompanying them, how can the school nurse determine what the nursing practice rules are in that state or country?

A: If traveling out of the country, the U.S. Embassy can provide directions for the appropriate contact for that country. Considerations should be given to the following:

- Obtain permission for emergency treatment as determined by staff.
- Check to see if the school has or requires the students to have an insurance policy for medical care which would include emergency transport back to the US if needed.
- Check for any Health Alerts for that country to determine if any needed additional immunizations are needed.
- Check prescription medications. Carry all medications on the plane, do not pack them.

- Current contact information for parents is essential and should include cell, work, home, emergency contact, medical provider.
- District counsel should give final approval of the consent form.

CANADIAN FIELD TRIPS

Each province in Canada is governed under different legislation and the provinces to which the students will travel should be contacted for guidance. Most provinces require Canadian registration to practice in that province.

- Contact the Canadian Nurses Association to obtain the listing of the **Provincial and Territorial Nursing bodies** here.
- Any individual who intends to physically practice nursing in Ontario, Canada must be registered in Ontario. At
 this time, they do not have exemptions in place for specific jurisdictions. This applies regardless of whether or
 not the individual patient is a non-Canadian or temporary visitor. You can direct practice-related inquiries
 to www.cno.org/PracticeSupport.

PLANNING

Nurses should consider providing chaperones with Emergency Care Plans for any student with a potentially life-threatening health issue.

VISITING NYS FROM OTHER STATES OR COUNTRIES

Q: What Guidance is there for nurses/students traveling to NYS from other states?

A: Pursuant to Education Law Article 139 Section 6908, Nursing Care, including medication administration, may be provided by an RN licensed in a state other than NY to a resident (student) of another state while the nurse and the student are temporarily in NY, i.e. field trip, vacation, etc., provided that the nurse does not hold him/herself out as being one who is licensed to practice nursing in New York. NYS does not permit unlicensed persons to administer medications (both prescription and non-prescription) to students, with exceptions for epinephrine auto-injectors and glucagon: unlicensed personnel may be trained by an RN, NP, PA, or physician to administer either of those two medications in an emergency to students with patient-specific orders for such. Unlicensed personnel are permitted to assist a student to take their own medications if the student is considered self-directed. A student may be considered supervised only if he/she is consistently able to do all of the following:

- Administer the medication to him/herself via the correct route
- o Identify the correct medication (e.g., color, shape)
- o Identify the purpose of the medication (e.g., to improve attention)
- o Determine the correct dosage is handed to them (e.g., one tablet, 2 puffs, 3 units, etc.) if they cannot pour own medication for dexterity issue.
- o Identify the time the medication is needed during the school day (e.g., lunchtime, before/after recess, etc.)
- Know the parameters or conditions under which the medication is to be taken, and will refuse to take
 the medication if the parameters or condition(s) are not met. (e.g. blood glucose or vital sign ranges that
 are acceptable to take medication, or taken only for headache, shortness of breath, etc.)
- Describe what will happen if medication is not taken (e.g., unable to complete schoolwork, blood glucose will elevate, etc.)
- o Refuse to take medication if the student has any concerns about its appropriateness.

Additional questions may be directed to the NYS Office of Professions

https://www.schoolhealthny.com/site/default.aspx?PageType=3&ModuleInstanceID=189&ViewID=7b97f7ed-8e5e-4120-848f-a8b4987d588f&RenderLoc=0&FlexDataID=485&PageID=140