

FIELD TRIP MEDICAL PERMISSION FORM

Trip to: _____

Date _____ Adult Leader _____

I give _____ (teacher/group leader) permission to authorize emergency

Medical/dental care for _____ (student) for the duration of this trip if required.

Signature _____

Name (please print) _____

Date _____

Contact in an Emergency:

1. Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone and/or Pager: _____

2. Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone and/or Pager: _____

Doctor's Name: _____

Phone: _____

Medical Insurance Carrier: _____ Phone No. _____

(Ensure your student has his/her medical ID card and/or the number

Medical ID Number: _____ Last Tetanus Booster (date): _____

Medicine Allergies _____

List all medications being sent with the student. List dosage and how often it must be taken. All medications must each be in their original containers.

Medications taken and frequency: _____

Any other medical information that the group leader should be aware of: _____

Blood Transfusions (yes or no) _____

Ensure your student has enough medication for the entire trip plus a little extra for emergencies and delays.

Signature _____ Date _____