

EMERGENCY MEDICAL AND FIELD TRIP FORM

Student _____ DOB _____ Phone _____

Address _____

Parent/Guardian _____ Phone: Home _____ Work _____

Other Contact _____ Phone: Home _____ Work _____

Doctor _____ Phone _____

Insurance Company _____ Policy Number _____

Medical Information and/or Restrictions (allergies to insect bites, hypoglycemia, etc.):

I consent to and authorize the Board of Education personnel and their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

Parent/Guardian Signature

Date

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