**Medical & Emergency Care Information**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent can be reached at the following phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance and #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

\_\_\_ Allergic to: \_\_\_\_\_\_\_\_\_\_ \_\_ Carries Epi-Pen

\_\_\_Asthma \_\_Carries Inhaler

\_\_\_ My child needs to receive the following medication while on the field trip

Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to be given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: \_\_\_\_parent will provide medication from home

\_\_\_\_teacher should obtain this medication from the school nurse

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult designated by the principal *may* carry my child’s medication**. In the event of an emergency or serious illness, I request that you contact me.** **You have my permission to obtain any emergency care necessary to ensure my child’s wellbeing while on the field trip.**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT SIGNATURE** Date

**\* If there are any updates regarding your child’s health, please alert the nurse prior to this field trip**