

Field Trip Permission Slip/Medical Form

Dear Parents/Guardians:

The well being of your child is our concern as they travel to _____ on _____. In case of a medical emergency, hospitals will not treat minor age children without parental or guardian authorization. Please read and complete the Medical Treatment Authorization form below. The release form should be returned to **by** _____. If your child needs medicine to be given this day, please call the school nurse a few days prior to make arrangements. Inhalers may be carried by the student, all other medication will be administered by an adult.

MEDICAL TREATMENT AUTHORIZATION FORM IN EFFECT FOR _____ ONLY

Student's Name _____ Birth Date _____

To Whom It May Concern:

I the undersigned parent or guardian of _____ authorize school personnel to obtain emergency medical care for him/her in the event such care is necessary. Permission is hereby granted to the licensed physician or accredited hospital and their associates to treat the aforementioned minor child. I understand that every effort will be made to contact me prior to treatment unless it would be a life threatening situation.

Parent/Guardian Signature Relationship

Home Phone Cell Phone Work Phone

Emergency Contact Person _____ Phone _____
(other than yourself)

Student Health Information

Allergies: _____

Existing Medical Condition: _____

Family Physician _____