

OWEN J. ROBERTS SCHOOL DISTRICT

SECTION: PROGRAMS

TITLE: FIELD TRIP AND MEDICAL
AUTHORIZATION CONSENT
FORM

ADOPTED: 7/26/04

REVISED:

Student's Name (Please print last name first)

Grade

As parent(s)/guardian(s) of the above student, permission is granted for this student to attend the Owen J. Roberts field trip to _____ to take place on _____. I/We am(are) aware that the Owen J. Roberts School District requires all participants on a field trip to supply the following information in case a medical emergency should arise during this field trip:

- (1) **INSURANCE.** Each participant must supply information regarding medical insurance coverage for medical problems which may occur away from home.

Name of Insurance Carrier: _____

Policy Number: _____

- (2) **FAMILY PHYSICIAN.**

Name: _____ Phone: _____

Address: _____

- (3) **FAMILY CONTACT.** On the date of this field trip, if any emergency should arise, please call:

Name: _____ Phone: _____

Name: _____ Phone: _____

- (4) **DRUG SENSITIVITIES.** The student is known to react unfavorably or is allergic to the following foods or drugs:

Any other medical problems: _____

- (5) Please state the name of any prescription that the student will bring on the trip and the reason for the prescription.

Prescription: _____ Reason: _____

Time: _____ Dose: _____

Parent/Guardian is responsible for assuring that all medication (prescription or non-prescription) is supplied and accompanied by a written note specifying the medication dosage and the time it is to be given (i.e. bee sting medication, Ritalin, insulin, inhalers, seizure medication, etc.).

All medication must be provided in its original container or package and marked with the student's name.

My child, _____ may be given Tylenol. Yes _____ No _____

MEDICAL AUTHORIZATION AND CONSENT:

In the event of an emergency which would require medical care and treatment to be administered to the student, I/we hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student.

The undersigned have read this Field Trip and Medical Authorization Consent Form and declare and affirm that I/we consent to the contents herein stated.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date