

EMERGENCY HEALTH FORM
FOR FIELD TRIPS

In the event of an extreme emergency, we would like permission to obtain medical help for your child. If at all possible, you will be contacted prior to any medical treatment. No medical facility will treat your child unless school personnel have your written consent. This form must be completed before your child may go on this school-sponsored event.

Student's Name _____

Birth Date _____ Address _____

Where can parents/guardians be reached if not at home? _____

Mother _____ Work Telephone _____

Father _____ Work Telephone _____

Guardian _____ Work Telephone _____

Person (s) responsible for picking up student _____

Physician _____ Address _____

Phone Number _____

Dentist _____ Address _____

Phone Number _____

Is your child covered by school insurance? Yes _____ No _____

Do you have personal medical insurance? _____

Please give company name and number _____

_____ (teacher's name) has my permission to obtain medical help for my child
_____ (student's name) should an emergency arise on this field trip.

Parents Signature _____ Date _____