

CRESCENT SCHOOL DISTRICT 313

FIELDTRIP/MEDICAL EMERGENCY TRIP FORM

I give my permission for _____ to attend a school
Student Name

sponsored fieldtrip to _____ on _____
Place Date

As a parent or legal guardian I authorize in the event of injury a qualified physician to examine the above named student, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon he deems necessary to insure proper emergency care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

PLEASE LIST ANY MEDICATION YOUR CHILD NEEDS TO TAKE WITH HIM/HER ON THE FIELD TRIP. Current physician and parent permission forms for "Administration of Medication at School" must be obtained if this medication is not already being given to your child at school on a routine basis.

Medication name Dosage Time given

Medication name Dosage Time given

Health professional authorization form on file Yes _____ No _____
Parental authorization form on file Yes _____ No _____

Parent/Guardian Signature Date

Home Phone Work Phone Emergency Phone