

## FIELD TRIP MEDICAL INFORMATION FORM

Please Print Clearly:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

### 1. Parent Contact Information (Must Be Completed):

Print Parent/Guardian's Name \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

List below persons to call if parent cannot be reached, doctor's name, allergies, etc.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Print Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies (Including Drug allergies): \_\_\_\_\_

List any additional information and remarks: \_\_\_\_\_

### 2. Permission to Transport for Emergency Care (Must Be Completed):

I hereby give permission to any professional staff member of Long Island Lutheran School to transport my child to or from a licensed physician and/or hospital for emergency treatment, including the administration of necessary drugs in conjunction with such emergency treatment.



**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### 3. Permission to Administer Medications (Complete if Your Child Requires Medication):

List and supply any medication (prescription or non-prescription) that your child will require in its original sealed container with the child's name clearly labeled.

NOTE: Authorization from your physician is required

Medication

**Amount & Time to be Given**

\_\_\_\_\_

**Physician's Signature/Stamp** \_\_\_\_\_

I hereby give permission to the classroom teacher or any member of the Long Island Lutheran School's professional staff to administer the above medication. I agree that, in the event of an injury, the teacher in charge of the trip may act on my behalf in obtaining medical treatment for my child. Please attach to this form any additional information regarding a permanent or temporary condition which should be known about my child.



**Parent/Guardian's Signature** \_\_\_\_\_