



FIELD TRIP MEDICAL INFORMATION

Student Name: _____ Age: _____ DOB: _____

Address: _____ City _____ State ____ Zip _____

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Family Physician _____ Phone _____

In case of emergency, notify the following if a parent cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Insurance Information (required): Company _____

Policy Holder: _____ Policy Number _____

Recent illnesses: _____

Allergies: _____

Dietary Restrictions: _____

Activity restrictions or other health concerns: _____

All medications given on field trips require a permission for medication form signed by the parent/guardian. **Prescription medications will not be administered on field trips without a doctor's order on file at the school.**

You may access the Permission for Medication form on the district website www.acpsd.net under the Health Services tab, or you may get one from your school nurse.

Medications must be provided by the parent/guardian. Place all medications, in the original container, into a zip lock bag and label with name, school, and grade. All medications will stay in the possession of the school employee, except medications for students with self-medicate or self-monitor agreements on file with the school. Medications will be administered only by the school employee trained to assist students with medications. Send only the amount of medication needed during the field trip.

Please check one of the following:

____ My child will NOT require medications on this trip.

____ My child will require medications on this trip that are already at the school.

____ My child will require medications on this trip that I will deliver to the school.

I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia, and/or surgery for my child as named above.

Signature of Parent/Guardian

Date Signed

Relationship