

TEAM FLEX 2019-2020
NORTHWESTERN REGIONAL MIDDLE SCHOOL
FIELD TRIP EMERGENCY FORM

Student Name: _____ **Date of Birth:** _____

Mailing Address: _____ **Town:** _____ **Zip Code:** _____

Home Phone: _____ **Student Email:** _____

Parent Name and Relationship: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Parent Name and Relationship: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Known Medical Problems: _____

Medications: _____

Allergies: _____

Last Tetanus shot: _____

Insurance Company Name: _____

Physician/Clinic: _____ **Phone:** _____

Additional Information: _____

EMERGENCY CONTACTS – PARENTS WILL BE CONTACTED FIRST – please provide additional numbers.

1) Name and Relationship: _____ **Phone:** _____

2) Name and Relationship: _____ **Phone:** _____

3) Name and Relationship: _____ **Phone:** _____

ACKNOWLEDGEMENT OF RESPONSIBILITIES

The opportunity to participate in any field trip is a privilege that carries with it responsibilities to the school, the activity, the student body, the community and to the participants themselves.

It is expected that as a student you will follow the Northwestern Expectations, Social and Civic Expectations, and Policies of Northwestern Middle School that can be found in the annual notification of district policies handbook for 2019-2020 school year.

**PERMISSION FOR EMERGENCY TREATMENT AND
ACCEPTANCE OF PERSONAL INJURY RISK**

I give permission for the above named student to participate in school field trips realizing that such activities involve the potential for injury, which is inherent in all field trips. I acknowledge that even with the best supervision, use of the most advanced precautions and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I authorize a licensed physician to provide emergency treatment for the student named above while participating in school field trips. I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment. I presume a reasonable attempt will be made to contact me.

I acknowledge that I have read and understand these warnings and authorize a physician to act on my behalf.

I also understand and agree to Northwestern Policies.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF STUDENT

DATE

PHOTO PERMISSION

If you will allow your child's picture to be taken please sign below.

SIGNATURE OF PARENT OR GUARDIAN

DATE

**If you do will not allow photos of your child to be taken, please tell your child to ask to step out of photos because we will be using the photos in school publications, newspapers, haiku, etc.*