

**SCHOOL DISTRICT OF HAVERFORD TOWNSHIP STUDENT INFORMATION
FORM FOR EXTENDED SCHOOL TRIPS**

May 27, May 28, May 29, 2020

MIDDLE SCHOOL TRIP TO: CAMP CANADENSIS DATE: May 27, May 28, and May 29, 2020

Print Name: _____
Address: _____ City/State/Zip: _____
Date of Birth: _____ Gender: _____

The following information is requested in order to supply the trip sponsor/chaperones with the necessary data in the event your child has a need for medical treatment:

Parent/Guardian: _____ **(Please Print)**
Home Telephone: _____ **Work Telephone:** _____
Cell Telephone: _____ **email:** _____

In the event both parents/guardians cannot be contacted, list the names of a relative or friend who may be called:

Name: _____ **Relationship:** _____
Home Telephone: _____ **Cell Telephone:** _____
Name: _____ **Relationship:** _____
Home Telephone: _____ **Cell Telephone:** _____

Medical Coverage:

I have current school policy _____ School Time _____ 24 Hour Coverage _____
I have other insurance coverage: **Name of Plan:** _____
Plan Number: _____

Medical Condition:

Does your son/daughter have any current medical conditions that should be brought to the attention of the trip sponsor?

Epileptic () Diabetic () Bee Sting ()

Allergies: _____

Other: _____

Medication Currently Being Taken: _____

Time of Dosage: _____

Name of Family Physician: _____ Phone: _____

Address: _____

I hereby give permission for the above student to participate in an extended school trip and grant authorized personnel permission to provide any first aid treatment deemed necessary for the well being of my child.

Signature: _____ Date: _____