

Hanover Community School Corporation

FIELD TRIP CONSENT/EMERGENCY MEDICAL FORM

I, _____, give permission _____,
(Parent/Guardian Name) (Student Name)

to attend a Field Trip at _____ on ____/____/____
(Field Trip Location) (Date)

Health and Medical Information

Student's Name _____ Birthdate: _____

Allergies: _____

Is School Nurse aware of allergies? YES NO (If no, please notify School Nurse and Field Trip Sponsor)

List Student's Health Conditions: _____

List all medications that student takes at home and/or during the school day (prescription and over the counter):

Student's Primary Physician: _____ Phone: _____

Health Care Provider: _____
(A copy of the insurance card may be attached if preferred) (Policy/Group #)

Emergency Contact Information

In case of Emergency, I can be reached at:(____) _____ or (____) _____

(Address) (Employer) (Employer phone number)

If efforts to contact me are unsuccessful, the following person is authorized to act on my behalf:

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Student: _____

By signing this form, I declare that I am the parent/guardian of the minor child listed above and authorized to grant such permission. I authorize qualified emergency medical professionals to examine and, in the event of serious injury or illness, administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for a school staff member to obtain emergency care for my student, on my behalf, neither he/she nor the Hanover Community School Corporation assumes liability for any expenses incurred because of the accident, injury, illness or unforeseen circumstance. These activities are considered an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

Parent's Signature _____ Date: ____/____/____