

**ACTIVITY/FIELD TRIP  
MEDICAL PERMISSION FORM**

**\*Attached is a memo/letter from the teacher describing the school activity or field trip.**

PLEASE COMPLETE THIS FORM AND GIVE TO YOUR ACCOMPANYING TEACHER PRIOR TO PROGRAM DEPARTURE.

Student Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Teacher \_\_\_\_\_

Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

I authorize Tumwater High School staff to secure medical attention and care in the event of illness or accident to my son/daughter.

\_\_\_\_\_

Parent/Guardian

In case of emergency the parent or guardian will be contacted as soon as possible. Permission is also granted to the doctor or the hospital and their associates to perform the necessary medical and surgical procedures necessary for this participant.

Parent/Guardian signature \_\_\_\_\_

Telephone: \_\_\_\_\_ Home or \_\_\_\_\_ Business

**MEDICAL INFORMATION**

Carrier (ins. Co.) \_\_\_\_\_

I.D. Number \_\_\_\_\_

Medication presently taken \_\_\_\_\_

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_ Medication \_\_\_\_\_

Any additional medical information helpful for treatment or well being of participant should be given on reverse side. **Please give this form to the teacher, who is traveling with you on the tour.**

