

**Unionville-Chadds Ford School District
Field Trip Medical Authorization Form**

Student Name: _____ Teacher: _____ Date of Trip: _____

Parent/Guardian Name: _____

Please list phone numbers in order of calling priority and circle the type of phone:

1. _____ (cell / home / work)
2. _____ (cell / home / work)
3. _____ (cell / home / work)

Insurance _____ Policy #: _____

Family Doctor's Name: _____ Phone Number: _____

Health Concerns, Physical Limitations, and/or Allergies: _____

Medication(s) Required for Field Trips:

Prescription and nonprescription medication for field trips must be supplied by the parent/guardian in the **ORIGINAL CONTAINER** and given to the nurse. **To minimize the medications needed on field trips, every effort should be made to administer medications before or after any field trips.** The student may carry certain emergency medications (ex. Epipen, inhaler, insulin) if physician's approval is on file with the school. Teachers that have been trained in Epipen administration may be provided with the student's Epipen by the nurse for emergency administration by the teacher while the student is participating in the field trip.

1. Medication: _____
Dose: _____ Time to be given: _____
Reason: _____
2. Medication: _____
Dose: _____ Time to be given: _____
Reason: _____

Medical Authorization:

I understand that every effort will be made to contact parent(s)/guardian(s) in the event of an emergency. In an emergency requiring medical care and treatment, I hereby authorize any physician, hospital, or other health care provider to give such care to this student. I also hereby give permission for the transport to/from a doctor and/or hospital by a chaperone or ambulance.

I do hereby release, discharge, and hold harmless the Unionville-Chadds Ford School District, its agents and employees, from any liability and claim either I or my child may suffer as a result of these requests for medication and emergency treatment.

The undersigned has read this Medication and Medical Authorization Consent Form and declares and affirms consent to the contents herein stated.

Parent/Guardian Signature: _____ Date: _____