

Field Trip Student Medical Consent Form

Student Information

Full Name

Date of Birth

Grade

Parent/Guardian Contact

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Emergency Phone Number

Relationship to Student

Medical Information

Medical Conditions / Allergies

Current Medications

Primary Physician Name

Physician Phone Number

Health Insurance Carrier

Policy Number

Consent

☐

I authorize medical treatment for my child in the event of an emergency.

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I give permission for my child to participate in the field trip.

Parent/Guardian Signature

Date