

ALL UE students going on 2017 YMCA Field Trip need this form completed!
MUST RETURN to SCHOOL with doctor's orders if needed by: May 12th
Parent/Guardian Permission for Emergency Care and Medication Administration on Field Trip

Student's Name: _____ DOB: ____/____/____ Teacher: _____

I understand that their will be staff trained in the basics of first aid and CPR on the field trip and I authorize them to administer such when appropriate. I also understand that HVM will make every effort to contact me in the event of an emergency requiring medical attention for my child. If I am unable to be reached, I authorize HVM to transfer my child to the nearest medical care facility and provide my child's insurance, medical information below and emergency contact information to such facility. _____ (parent/guardian initials)

Child's Doctor: _____ Phone: _____ Address: _____

Child's Dentist: _____ Phone: _____ Address: _____

Name of Health Insurance Company: _____ Policy #: _____

Food or Drug Allergies? No Yes Describe: _____

Dietary Restrictions? No Yes Describe: _____

Chronic Health Conditions? No Yes Describe: _____

Mental Health Concerns? No Yes Describe: _____

History of concussion or head injury? No Yes Describe: _____

Other _____

My child will need to receive the following prescription AND/OR non-prescription medications while on this field trip:
*** A doctor's order MUST accompany this form for each medication to be given during the field trip including non-prescription medications.**

Medication: _____ Dose: _____ Time: _____ Route: _____

Medication: _____ Dose: _____ Time: _____ Route: _____

Medication: _____ Dose: _____ Time: _____ Route: _____

Medication: _____ Dose: _____ Time: _____ Route: _____

X _____ / ____ / ____

Parent/Guardian Signature for permission for emergency treatment and to administer the above medications during the field trip DATE

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

EMERGENCY CONTACTS: If the parent/guardian is not reachable HVM may contact the following people: (At least 3 contacts are REQUIRED)

1 st choice: _____ Relationship: _____

_____ Tel. No. _____

Address _____ Home _____ Work _____ Cell _____

2 nd. choice _____ Relationship: _____

_____ Tel. No. _____

Address _____ Home _____ Work _____ Cell _____

3 rd. choice _____ Relationship: _____

_____ Tel. No. _____

Address _____ Home _____ Work _____ Cell _____