

School-Related Student Trip Permission Forms**OVERNIGHT TRIP MEDICAL RELEASE FORM**

MINOR'S NAME: _____	DATE OF BIRTH: _____
LAST	FIRST MI
	MO./DAY/YEAR

Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home: Phone: _____

Employer: _____ Work Phone: _____

Insurance Carrier Name & Address: _____

Insurance Policy Number: _____

Emergency Contact (other than parent or guardian): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies: _____ Last Tetanus: _____

Medical Problems: _____

Medication Being Used (include dosage/frequency): _____

During the overnight trip to _____ scheduled for _____, the undersigned hereby grants authority to their child to carry and self-administer over-the-counter medication brought from home. Medication must be provided by the parents or guardians and be in the original container. Please provide only the amount of medication you feel will be necessary to meet your child's needs during the trip.

Please list the over the counter meds that your child may carry and self administer:

If you do not want your child to be able to carry and administer over the counter medications, please check the following box:

In case of an emergency involving my student and a parent/guardian cannot be contacted, I authorize the use of our family insurance company.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Please check box if parent or guardian will be attending the field trip.

Review/Revised:8/27/09