

# OWEN J. ROBERTS SCHOOL DISTRICT

SECTION: PROGRAMS

TITLE: FIELD TRIP AND MEDICAL  
AUTHORIZATION CONSENT  
FORM

ADOPTED: 7/26/04

REVISED:

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**Student's Name (Please print last name first)**
**Grade**

As parent(s)/guardian(s) of the above student, permission is granted for this student to attend the Owen J. Roberts field trip to 2009/2010 Marching Band Events to take place on School Year. I/We am(are) aware that the Owen J. Roberts School District requires all participants on a field trip to supply the following information in case a medical emergency should arise during this field trip:

- (1) **INSURANCE.** Each participant must supply information regarding medical insurance coverage for medical problems which may occur away from home.

Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

- (2) **FAMILY PHYSICIAN.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- (3) **FAMILY CONTACT.** On the date of this field trip, if any emergency should arise, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- (4) **DRUG SENSITIVITIES.** The student is known to react unfavorably or is allergic to the following foods or drugs:

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 Any other medical problems: \_\_\_\_\_
 

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- (5) Please state the name of any prescription that the student will bring on the trip and the reason for the prescription.

Prescription: \_\_\_\_\_ Reason: \_\_\_\_\_

Time: \_\_\_\_\_ Dose: \_\_\_\_\_

**Parent/Guardian is responsible for assuring that all medication (prescription or non-prescription) is supplied and accompanied by a written note specifying the medication dosage and the time it is to be given (i.e. bee sting medication, Ritalin, insulin, inhalers, seizure medication, etc.).**

**All medication must be provided in its original container or package and marked with the student's name.**

My child, \_\_\_\_\_ may be given Tylenol. Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL AUTHORIZATION AND CONSENT:**

In the event of an emergency which would require medical care and treatment to be administered to the student, I/we hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student.

The undersigned have read this Field Trip and Medical Authorization Consent Form and declare and affirm that I/we consent to the contents herein stated.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date