



Field Trip Medication

Student Name: _____

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician, named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **The undersigned parent/guardian fully understands he/she is responsible to pay all cost incurred as a result of the foregoing.**

Physician's name: _____ Phone #: _____
Medical Insurance (Kaiser, etc): _____ Medical #: _____

I understand the nature of the trip and recognize the problems and dangers inherent in said trip. I believe that the above named student is able to participate safely in the trip, with the following restrictions on activities, foods, etc.:

If any medications are to be taken by the student, please list them here:

(Name(s) of drug(s) and reason for use)

All drugs/medications, except those, which must be kept on the student's possession for emergency use, **MUST** be kept and distributed by the staff. All drugs/medications must be registered on this form. Any special medical problems or instructions should be clearly explained:

Parent/Guardian Signature: _____ Date: _____