



SCHOOL FIELD TRIP – MEDICAL / EMERGENCY FORM

Joel Eliot Morgan

Student's Name _____ Home Phone _____

Grade/Teacher _____

Medical Concerns/Allergies _____

<p>Will the student need medication during trip? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of medication and dosage _____</p> <p>_____</p> <p><i>Medication currently stored in the Health Office and filed with form H-005 will be sent on field trips.</i></p> <p><i>If any additional medication is needed, provide the proper authorizations and medications per CT State regulations. Use form H-005.</i></p>

In the event of an emergency, list contact information for parent(s)/guardian(s):

Parent/Guardian 1 _____ Parent /Guardian 2 _____

Daytime Phone _____ Daytime Phone _____

Additional Phone (if any) _____ Additional Phone (if any) _____

Lives with? Yes No Lives with? Yes No

If a parent/guardian cannot be reached, please call (list only persons nearby for an emergency):

Emergency Contact 1 _____ Emergency Contact 2 _____

Daytime Phone _____ Daytime Phone _____

Student's Physician _____ Physician's Phone _____

Medical Insurance (if applicable) _____

Should an emergency arise, your child will be transported to the nearest medical facility and you will be notified as soon as reasonably possible.