

Saucon Valley School District
FIELD TRIP MEDICAL INFORMATION/RELEASE FORM

Dear Parent/Guardian:

Date: _____

Your child's class is taking an educational trip to:

_____ On _____
(Destination) (Date)

In the event of an emergency **DURING THE FIELD TRIP**, please contact:

Name(s) of Contact Person(s) for that day: _____

Phone Number: _____ Alternate Number: _____

In order to facilitate any emergency treatment that may be needed, please list all medical conditions, regardless of what is already on file in the Nurse's office, that the teachers/chaperones should be aware of. Also, any medication, which your child may be currently taking, should be listed.

Medical Concerns/Conditions: _____

Medications: _____

Allergies: _____ Type of Reaction: _____

EpiPen: Yes ___ No ___ **Inhaler:** Yes ___ No ___ **Insulin/Glucagon:** Yes ___ No ___ **Self-administer/carry:** Yes ___ No ___

I (Parent/Guardian) understand that a nurse may not accompany this activity. If my child requires prescribed medication other than epipen, inhaler, or insulin./glucagon while on the trip, I (Parent/Guardian) will contact the school nurse to discuss prior to the date of the trip.

Nurse's initial upon review _____

I have read and understand the above and give permission for my child to participate in the educational trip as listed.

Student Name: _____ Teacher/Team: _____

Parent Name: _____

Parent Signature: _____ Date: _____

**** Please Note: Students will not be permitted to participate in the field trip without the completion of this form & signature of a parent/guardian****