

Pickens Junior High School

Field Trip Emergency Medical Release

THIS FORM SHOULD BE COMPLETED AND RETURNED TO The Trip Coordinator. (There is a front and back to this form)

Participant's Name _____ Birthdate ____/____/____
Street Address _____ City _____ State _____ Zip _____

Parent/Guardian Information

Name _____ Home Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____

Name _____ Home Phone (____) _____ Bus Phone (____) _____
Cell Phone (____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (____) _____ Bus Phone (____) _____
Name _____ Home Phone (____) _____ Bus Phone (____) _____

Allergies _____ Last Tetanus _____

Other medical conditions _____

Medication being used (include dosage/frequency) _____

Present state of health _____

Family Physician _____ Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

AUTHORIZATION FOR TREATMENT OF MINOR

PLEASE SEND A COPY OF THE STUDENT'S INSURANCE CARD

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to secure proper treatment for my child as named on this form. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

Date

Signature of Parent/Guardian

Please indicate with a checkmark below each and every medication that your child may receive in the event that they need any over the counter medications..

Tylenol:_____ Tums:_____ Neosporin Ointment:_____

Advil:_____ Peroxide:_____ Hydrocortisone Cream:_____

Benadryl:_____ Cough Drops:_____ Orajel:_____

This is a lengthy trip on a bus and we take a riverboat cruise. If you child is prone to motion sickness please provide some type of medication like Dramamine or something similar. This should be given directly to the chaperone.

Savannah will have many plants, trees, and grasses in bloom. If you child is prone to seasonal allergies please provide some type of medication like Claritin, or Allegra, etc. This should be given directly to the chaperone.

All medications should be given to the chaperone prior to depature. This includes prescription, nonprescription and all over the counter medications.

Parent/Guardian Signature:_____