

MIDLAND PARK MIDDLE-HIGH SCHOOL

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DISTRICT FIELD TRIP MEDICAL/EMERGENCY CONTACT FORM

Student Name: _____ Grade: _____

Address: _____ Home phone: _____

Parent/Guardian Contact Information

1. Name: _____ Relationship: _____
Phone: Home _____ Work _____ Cell _____

2. Name: _____ Relationship: _____
Phone: Home _____ Work _____ Cell _____

Emergency Contacts (to be contacted if parent/guardian unavailable)

1. Name: _____ Relationship: _____
Phone: Home _____ Work _____ Cell _____

2. Name: _____ Relationship: _____
Phone: Home _____ Work _____ Cell _____

Student's Physician Name: _____ Phone: _____

List any medical conditions, allergies, or special needs:

I give consent to the trip director and chaperones to obtain medical care for my child if necessary. Parents/guardians or the above listed emergency contacts will be notified as soon as possible. I hereby agree to release, indemnify and hold harmless the Board, its agents and employees, specifically including the chaperones from any liability as a result of an injury or damages arising from medical treatment provided to my child on the trip. **A COPY OF YOUR MEDICAL INSURANCE CARD MUST BE ATTACHED TO THIS FORM FOR OVERNIGHT TRIPS.**

PARENT SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

Medication:

Unless students have been approved for self-administration of a particular medication pursuant to Board Policy, students are not permitted to carry prescription or over the counter medications while on the field trip. If the need for medication is anticipated and you have not already complied with the procedures set forth in Board Policy for the administration of medication, then the attached form must be completed and returned as soon as possible. For students who may need emergency administration of epinephrine, the procedures in the regulations apply and must be completed prior to the field trip. The attached form is necessary in order for students to be administered all medications, including Tylenol, Advil and Motrin.

***All medications must be sent to school in the ORIGINAL container labeled by the Pharmacy or Physician.