

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount, Minnesota  
*Educating our students to reach their full potential*

Series Number 604.7.2.4.1P Adopted March 1982 Revised January 2008

Title Overnight Field Trip – Student Medical Treatment Information and Permission

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Student address (street, city, zip code) \_\_\_\_\_

Parent or guardian name \_\_\_\_\_ email \_\_\_\_\_

Parent or guardian telephone number(s) with area code (home) (work) (cellular/pager)

Name and telephone numbers of neighbor or relative \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical Information**

Yes No Does this student have **any** known allergies? If yes, what? \_\_\_\_\_

Yes No Does the student have an Epi pen?

\_\_\_\_\_ Date of last tetanus shot

List all medication the student is presently taking

Medication name	Dose	How often	Reason
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Medication name	Dose	How often	Reason
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**\*List any physical factors, surgeries (within the last year) or other medical concerns that might affect student's activity or would be necessary for a physician to know when caring for your child.** \_\_\_\_\_

**Parental Permission**

If an emergency arises, it might be necessary to seek care for your child before staff can contact you. Such care can be provided only if you sign the authorization below. Either the authorization or a statement of the reason for not allowing it should accompany this health form.

In case of minor illness or injury, I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, give my permission for the supervisor of my child to administer necessary treatment and/or first aid.

In case of an emergency, I hereby authorize the official representative of my child's school or the person in charge of the program to permit a physician/hospital to administer emergency or surgical care, and I further authorize any licensed physician, medical facility or trained emergency technician to administer emergency or surgical care.

Signature of parent of guardian \_\_\_\_\_ Date \_\_\_\_\_