

**Eastern View High School Choir
STUDENT TRIP MEDICAL RELEASE FORM**

Student/Chaperone Name _____ Date of Birth _____
Address: _____
Student's Cell Phone #: _____
Parent/Legal Guardian _____

EMERGENCY CONTACTS

Mother/Guardian: _____	Father/Guardian: _____
Daytime Telephone: _____	Daytime Telephone: _____
Evening Telephone: _____	Evening Telephone: _____
Cellular Telephone: _____	Cellular Telephone: _____

Other: Name: _____ (Relationship) _____
Daytime Telephone: _____
Evening Telephone: _____
Cellular Telephone: _____

MEDICAL INFORMATION

*****PLEASE DO NOT give your child medication to carry*****

All prescription medication must be accompanied by a physician note (to include name of medication, dosage, and precise directions for use in order for it to be taken on the trip.***

*****If your child uses an inhaler on an "as need basis" PLEASE send it.**

I give permission to Mrs. _____, or certified chaperones to administer the following medications to my child as needed: (initial by the ones your child may have administered as needed)
____ Ibuprofen ____ Acetaminophen ____ Antacid tablets ____ Benadryl Tablets ____ other (per MD note)

My child will have ____ inhaler or ____ epi-pen in his/her possession.
My child is allergic to the following medications:

My child is a Diabetic _____ (Enclosed is the management plan)
My child has seizures _____ (enclosed is the seizure plan)

My child is allergic to the following foods: _____
Date of last tetanus shot: _____
List any medical conditions or medical history of which _____ and chaperones should be aware:

INSURANCE INFORMATION

Insurance Company: _____ Policy/ID Number: _____

Insured's Name: _____

In the event of a medical emergency and a parent or other contact person named above cannot be reached by telephone or otherwise, I authorize _____ or one of the certified chaperones on the designated trip to obtain medical treatment for my child and authorize any physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgement, may be deemed reasonably necessary for my child's health and safety. I also authorize the teacher to deliver medications (over the counter and prescription per MD consent) to my child while on the trip.

Parent/Guardian Signature: _____
Print Name: _____