

Field Trip Emergency Medical Treatment

Emergency Medical Treatment Consent Form

I, _____; the parent / guardian of _____ recognize that medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care; as may be deemed necessary under the then existing circumstance.

In an emergency, please contact:

_____ Phone _____ or

_____ Phone _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Insurance and Medical Information

Insurance Company _____ Policy # _____

Family Doctor _____ Phone # _____

Allergies to Medications _____

Allergies to Bee Sting _____

Allergies to Other _____

Medical Information:

Please check all relevant areas:

Epilepsy ☐

Diabetes ☐

Asthma ☐

Heart Murmur ☐