

# Medical Authorization Form

## for School Trip

Student's Full Name

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Date of Birth

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Grade

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School Name

---

Parent/Guardian Name

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Relationship to Student

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Emergency Contact Number

---

Alternate Contact Number

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### Medical Information

Primary Physician Name

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Physician Phone

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Medical Insurance Provider

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Policy Number

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Allergies (if any)

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Current Medications

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Medical Conditions/Special Instructions

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## Authorization

I hereby authorize qualified medical personnel to administer emergency medical care to my child if necessary during the school trip.

I agree

Parent/Guardian Signature

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Date

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