

Class Trip Medical Information and Consent Form

Student Name

Date of Birth

Grade/Class

Parent/Guardian Name

Parent/Guardian Phone Number

Alternate Emergency Contact Name & Relationship

Alternate Emergency Contact Phone

Medical Information

Medical Conditions / Allergies

Current Medications

Family Doctor Name and Phone

Health Insurance Provider & Number

Consent and Authorization

I give permission for my child to participate in the class trip and authorize school staff or medical personnel to administer first aid or necessary medical treatment in the event of an emergency.

Parent/Guardian Signature

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Date

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