

FIELD TRIP MEDICAL PERMISSION FORM

Trip to: All Robotics Team Events 2008-2009

Date All Dates 2008-2009 Adult Leader Mr. DeCurtins

I give Mr. DeCurtins (teacher/group leader) permission to authorize emergency

Medical/dental care for (student) for the duration of this trip if required.

Signature

Name (please print)

Date

Contact in an Emergency:

1. Name:

Work Phone:

Home Phone:

Cell Phone and/or Pager:

2. Name:

Work Phone:

Home Phone:

Cell Phone and/or Pager:

Doctor's Name:

Phone:

Medical Insurance Carrier: Phone No.

(Ensure your student has his/her medical ID card and/or the number

Medical ID Number: Last Tetanus Booster (date):

Medicine Allergies

List all medications being sent with the student. List dosage and how often it must be taken. All medications must each be in their original containers.

Medications taken and frequency:

Any other medical information that the group leader should be aware of:

Blood Transfusions (yes or no)

Ensure your student has enough medication for the entire trip plus a little extra for emergencies and delays.

Signature Date