

Amherst Middle School Field Trip
Medical and Emergency Care Information

On _____, the _____ team will go to the _____
_____. The buses will depart at _____ and will return
at _____.

I give my child _____ permission to attend this field trip.

Signature of parent or guardian: _____

The cost for the field trip including the bus fee is \$_____.

CONTACT INFO:

Student Name: _____

Date of Birth: _____

HR Teacher: _____

Address: _____

Parent (s) Phone Numbers on the day of the trip:

Home: _____

Work + Name: _____

Cell 1 + Name: _____

Cell 2 + Name: _____

HEALTH INFO:

Check all that apply:

_____ Allergic to: _____

_____ Needs to receive the following medication while on the field trip

Name of medication: _____

Time to be given: _____

IF taking medication on the field trip, you MUST check one below:

_____ Parent will provide medication from home

_____ Teacher should obtain this medication from the school nurse

MEDICAL RELEASE:

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a chaperone, teacher, or other responsible adult designated MAY carry my child's medication.

(Parent/Guardian Signature)

On rare occasions an emergency arises and we are unable to contact the parent or emergency contact person. In order that no delay may occur to jeopardize the life of a student, the school requests permission to see emergency treatment.

I, _____ hereby grant permission to the Amherst School District to administer First Aid, secure proper treatment and/or hospitalize my son/daughter

_____ in case of an emergency, provided that they are unable to communicate with me, and according to their best judgment, further delay might jeopardize the life of my son/daughter.

(Parent/Guardian Signature)