

Sequoia Union High School District
Menlo-Atherton High School
FIELD TRIP MEDICAL FORM

To be completed by ____/____/____ Date	Return to _____ Teacher's Name
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Field trip or activity to UC Berkeley Quiz Bowl tournament
Activity Name/Location

Sponsored by BAAL

On Sat 9/24/2011 leaving school at 11 AM and returning at 5 AM
Date of Field Trip Departure Time Return Time

Parent/Guardian Medical Permission:

I _____ hereby give authorization to Sue Kayton
Parent/Guardian Name Teacher/Group Leader

to authorize emergency medical/dental care for: _____ for the duration of this trip if required.
Student Name

Parent/Guardian Signature Date

Emergency Contact Information:

1. Name: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____
2. Name: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____

Medical Information:

Dr. Name: _____ Phone Number: _____
Medical Insurance Carrier: _____ Phone Number: _____
(Ensure your student has his/her medical I.D. card and/or the number)
Medical I.D. Number: _____ Date of last Tetanus Booster: _____
Medicine Allergies: _____

List all medications with the student. List dosage and how often it/they must be taken. Medicines must be in original containers.

Medication	Dosage	Frequency

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

Blood Transfusions? Yes No

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

Parent/Guardian Signature Date

