

# Myers Elementary School

Return Permission Slip by: \_\_\_\_\_

Field Trip and Medical Form

TO BE COMPLETED BY PARENT FOR STUDENT PARTICIPATION IN THIS FIELD TRIP.

Trip Date		Trip Location							
DESIGNATED CHAPERONE(s) RESPONSIBLE FOR YOU:									
<i>Note: An adult chaperone shall be a faculty member, parent, legal guardian or person who is in loco parentis, over the age of 21, approved by the school, and registered with and accompanying the student at the event or activity.</i>									
Student Name									
Address:									
Birth Date				Sex: M / F		Do You Need a School Lunch? Y / N			
<b>Emergency Contact Information</b>									
In Case of Emergency Please Contact:						Relationship:			
Day Phone:				Night Phone:					
Alternate Contact:						Relationship:			
Day Phone:				Night Phone:					
<b>Insurance Information</b>									
Health Insurance Co:					Policy Number:				
Group Name on Insurance Coverage:									
Phone # on card:					Will student have medication with them: Y / N				
If Yes, List Medication:									
Nervousness	Yes	No	Rheumatic Fever	Yes	No	Asthma	Yes	No	
Convulsion/Epilepsy	Yes	No	Cancer or Tumors	Yes	No	Diabetes	Yes	No	
Heart Condition	Yes	No	Headaches	Yes	No	Allergies to	Yes	No	
High Blood Pressure	Yes	No	Fainting Spells	Yes	No	Medication			
Any other allergies?									
Please provide any additional information for medical conditions marked "yes":									
<p>I am the parent or legal guardian for the above named student, and give my permission for him/her to attend the field trip/conference and/or event(s) sponsored by the Myers Elementary School. I also understand that all school rules apply, and I understand that a violation of these rules may result in the dismissal of my child from the event. I hereby certify that the information provided above is correct.</p>									
<p>In the case of medical emergency. I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery for the above named student.</p>									
Parent or guardian (print) _____					Signature _____			Date _____	

Original with Chaperone(s)

Copy in Elem Office