

OVERNIGHT TRIP

6453 (3)

Side 1

**BROOKFIELD PUBLIC SCHOOLS
PARENT/GUARDIAN PERMISSION AND MEDICAL FORM**

Student's Name: _____ Date: _____
Age: _____
Address: _____
Parent Contact: _____ Day Phone: _____ Home Phone: _____
Destination: _____
Purpose: _____
Date: _____ Leave: _____ Return: _____
Supervision: _____ Transportation: _____
Cost: _____ Dress: _____ Lunch: _____

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

Signature of Parent/Guardian

Date

MEDICAL HISTORY

Allergies: Insect Stings: _____
Food (List): _____
Drug (List): _____

Is your child under the care of a physician for a medical problem? Yes ___No___

If yes, please explain: _____

CONSENT

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by a licensed physician or dentist and 2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of surgery.

Additional medical history may be obtained from:

Doctor: _____

Address: _____

Date Signed: _____ Signature: _____

Parent/Guardian

REFUSAL TO CONSENT

I do not give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take no action or to: _____

Date Signed: _____ Signature: _____

STATEMENT OF INSURANCE

My son/daughter is covered for injury under an insurance policy with: _____

PRESCRIPTION MEDICATIONS

Will your child be taking prescription medication on the field trip?

Yes _____ No _____

Name of prescribing physician _____

Name of prescription medication _____

PLEASE CONTACT THE SCHOOL NURSE FOR THE NECESSARY FORMS TO ADMINISTER PRESCRIPTION MEDICATION ON THE FIELD TRIP AS REQUIRED BY CONNECTICUT STATE LAW. IN THE ABSENCE OF AN RN, ALL EPI PENS GIVEN BY TRAINED STAFF WILL BE ADMINISTERED PER MD ORDERS (NO OBSERVATION FOR SYMPTOMS) CALL 911- CALL PARENT/GUARDIAN.