



STUDENT EMERGENCY & FIELD TRIP FORM 2023/24

FAMILY LAST NAME _____

Street Address _____ City/Zip Code _____

PARENT CONTACT indicate **with a * the best number** for the school to call first

Father Name _____ Cell Phone _____ Work Phone _____

E-mail (please print) _____

Mother Name _____ Cell Phone _____ Work Phone _____

E-mail (please print) _____

STUDENT LIVES WITH Both Parents Mother Father
Other, explain _____

Are there legal documents related to custody? Yes No
(circle one)
If Yes, please explain _____

EMERGENCY CONTACT (To be called if parent cannot be reached)

#1 Name _____ Relationship _____ Phone _____

#2 Name _____ Relationship _____ Phone _____

US DEPARTMENT OF EDUCATION REQUIRED INFORMATION: RACE

Choose one: American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

and ETHNICITY

Choose one: Hispanic/Latino Not Hispanic/Latino

Student Name _____ Birthdate _____ Grade _____

Allergies, chronic illnesses or other conditions. List Medications also. _____

Student Name _____ Birthdate _____ Grade _____

Allergies, chronic illnesses or other conditions. List Medications also. _____

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Student Name _____ Birthdate _____ Grade _____

Allergies, chronic illnesses or other conditions. List Medications also. _____

Health Care/Emergency Consent

If the parent(s) or guardian(s) cannot be contacted in case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital. As a parent/guardian, I authorize the treatment by a licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. Also, I authorize the school nurse to share my child's health records with his/her teachers. I agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary.

Signature of Parent/Guardian

Date

