

# Lexington Public Schools

## Field Trip Health and Permission Form

School:	Grade:	Teacher:
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Student's Name:	Date of Birth:
Address:	Home Telephone:
Parent/Guardian Name:	Parent/Guardian Name:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

If you plan to be out of town during any part of the field trip, please indicate how we may contact you.

  

**General Health Information:**

Date of most recent TETANUS shot :	Known allergies:	Physical limitations:	Known health problems:	Other:
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**Insurance Information (required for all participants):**

Insurance Company Name:	Insurance Policy Number:
Physician's Name:	Physician Telephone:
Dentist's Name:	Dentist's Telephone:

  

**Emergency Contacts:**

Name:	Telephone:
Name:	Telephone:

  

**Medical Information:**

The Lexington Public Schools' Field Trip Policy requires that medication for any child in *grades K-8* be submitted to the school nurse prior to the trip. If this is an emergency medication (i.e., inhaler, Epi-pen, etc.), please indicate whether the student has been instructed on how to self-administer and if he/she may do so:

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any current medical condition that requires medication during the duration of the field trip?

Yes, School Order on File \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the nature of the condition and provide specific instructions for the dispensing of medication while on this trip.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking medication \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Telephone \_\_\_\_\_

Time(s) to be dispensed \_\_\_\_\_ (specify morning/afternoon/evening)

Period of time: from \_\_\_\_\_ to \_\_\_\_\_

Students needing to self administer medications on an **out of state** field trip:

Student will hold medication \_\_\_\_\_ Chaperone will hold medication \_\_\_\_\_

Physician's Signature (only required for overnight trips) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

  

**Field Trip Emergency:**

Should an emergency arise in which treatment by a qualified physician is required, I herewith give permission for my child, \_\_\_\_\_ to receive treatment, and I herewith give his/her teacher/chaperone permission to act in my name during the period of the field trip. Every effort will be made to contact parents prior to reaching a decision of this nature.

**Field Trip Permission:**

I give my child, named above, permission to travel on the field trip to \_\_\_\_\_ on \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT MADE BY: CHECK \_\_\_\_\_ or ONLINE PAYMENT \_\_\_\_\_

The Release from Liability and Indemnity Agreement must be completed on the reverse side