Lexington Public Schools Field Trip Health and Permission Form

School:		Grade:				Teacher:	
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:
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 <i>grades K-8</i> 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?							
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The Release from Liability and Indemnity Agreement must be completed on the reverse side

Last revision: January 26, 2011