

Unionville High School
Field Trip Medical Authorization Form

Student Name: _____ Grade: _____ Date of Trip: _____

Parent's/Guardian's Name: _____

Home phone: _____ Work phone(s): _____

Emergency # if parents cannot be reached: _____

Insurance: _____ Policy #: _____

Family Doctor's Name: _____ Phone Number: _____

HEALTH CONCERNS, PHYSICAL LIMITATIONS AND/OR ALLERGIES: _____

Medication(s) Required for Field Trip:

Prescription and non-prescription medication for full-day and overnight field trips must be supplied by the parent/guardian in the **ORIGINAL CONTAINER** and given to the trip chaperone. **Only emergency medications will be carried on half-day field trips.** Students may carry certain medications (ex. Epipen, inhalers, insulin) if the chaperones are informed that the student needs and is carrying the medication.

1. Medication: _____

Dose: _____ Time to be given: _____

Reason: _____

2. Medication: _____

Dose: _____ Time to be given: _____

Reason: _____

Medical Authorization:

I understand that every effort will be made to contact parents/guardians in the event of an emergency. In an emergency requiring medical care and treatment, I hereby authorize any physician, hospital or other healthcare provider to give such care to this student. I also hereby give permission for the transport to/from a doctor and/or hospital by a chaperone or ambulance.

I do hereby release, discharge, and hold harmless the Unionville-Chadds Ford School District, its agents and employees, from any and all liability and claim either we or our child may suffer as a result of these requests for medication and emergency treatment. I am aware that non-medical chaperones may be administering the requested medication(s) to my child.

The undersigned has read this Medication and Medical Authorization Consent Form and declares and affirms consent to the contents herein stated.

Parent/Guardian

Date