

Student Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**  
**Contact Information During the Time Period of the Field Trip**

Mother or Guardian Name:		
Home Phone:	Work Phone:	Cell Phone:
Father or Guardian Name:		
Home Phone:	Work Phone:	Cell Phone:
Alternate Contact Name:		Relationship:
Home Phone:	Work Phone:	Cell Phone:
<b>Medical Care Information</b>		
Family Physician:		
Health Insurance Company:		
Group Policy Number:		
ID Number:		
Phone Number:		
Student allergic to any medications? If so, please list:		
Any other allergies (food, bee stings, etc.)? If so, please list:		
Medication during trip (see note below):		
Describe any special needs of the above student related to this trip:		

**NOTE: Medications for field trips that occur during the school day, and for which the School Nurse has the medications and the authorization form, will be provided by the School Nurse to the Field Trip Coordinator on the day of the trip. It is the responsibility of the parent to provide authorization and medications to the field trip coordinator for trips outside the school day and/or lasting more than one day.**