

2020 Washington DC Trip

Willink Middle School Overnight Field Trip Emergency Medical Form

This MANDATORY School Field Trip Emergency Form is due NO LATER THAN June 8, 2020

Student: _____ Birthdate: ____/____/____ Sex: M F Grade: ____
Home phone: _____ Cell Phone: _____

Father/guardian: _____ Address: _____
Phone:(H) _____ (W) _____ (C) _____

Mother/guardian: _____ Address: _____
Phone:(H) _____ (W) _____ (C) _____

Other: _____ Phone: _____
Relationship to child: _____

Insurance Provider: _____ Subscriber Name: _____
Policy/Contact #: _____

Primary Care Physician: _____ Address: _____
Phone: _____

If none of the above named can be reached, please call an available licensed physician. You may take my child to the nearest Emergency First Aid station by ambulance, if necessary. This authorizes treatment of my child by a physician/hospital in case of an emergency.

MEDICAL INFORMATION:

Allergies: YES NO Seizures: YES NO Asthma: YES NO Diabetes: YES NO
Wears Contact Lenses: YES NO Other: _____
If YES, explain: _____

MEDICATIONS:

Are there any prescription or OTC medications (*besides the ones listed below*) that the student will need to take while on this field trip? NO YES (see below)

1. A written physician's order & parent signature must be obtained for all prescription & OTC medications not listed on the reverse side of this form.
2. Students are not permitted to self-carry controlled medications.
3. Medication Order Form and Medications that will not be self-carried by the student must be submitted to the nurse the week of OCTOBER 21st – 25th, 2020.
4. Medications must be in the manufacturer's container or pharmacy Rx bottle & contain only amount required for the trip.