# DAY TRIP

BROOKFIELD PUBLIC SCHOOLS
PARENT/GUARDIAN PERMISSION AND MEDICAL FORM

Date:_____
Student's Name:_____ Age:_____

Address:_____

Parent Contact:_____Day Phone:_____Home Phone:_____

Destination:_____

Purpose:_____

Date:_____ Leave:_____Return:_____

Supervision:_____Transportation:_____

Cost:_____ Dress:_____Lunch:_____

I give permission for my child to attend this field trip.

_____ _____
Signature of Parent/Guardian Date

## MEDICAL HISTORY

Allergies: Insect Stings:_____
Food (List):_____
Drug (List):_____

Is your child under the care of a physician for a medical problem? Yes ___No____
If yes, please explain:_____
_____

Is your child taking medication prescribed by a physician? Yes_____ No_____
If yes, please list all medications, dosage, time of administration, condition for which medication is being given and relevant side effects: _____
_____
_____
_____
Other relevant information:_____
_____

6453 (2)
Side 2

## CONSENT

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by a licensed physician or dentist and 2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

_____

_____

Additional medical history may be obtained from:

Doctor: _____

Address: _____

Date Signed: _____ Signature: _____

Parent/Guardian

PLEASE CONTACT THE SCHOOL NURSE FOR THE NECESSARY FORMS TO ADMINISTER PRESCRIPTION MEDICATION ON THE FIELD TRIP AS REQUIRED BY CONNECTICUT STATE LAW. IN THE ABSENCE OF AN RN, ALL EPI PENS GIVEN BY TRAINED STAFF WILL BE ADMINISTERED PER MD ORDERS (NO OBSERVATION FOR SYMPTOMS) CALL 911-CALL PARENT/GUARDIAN

## REFUSAL TO CONSENT

I do **not** give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take no action or to: _____

_____

Date Signed: _____

Signature: _____

## STATEMENT OF INSURANCE

My son/daughter is covered for injury under an insurance policy with: _____

In the case of an emergency or an unanticipated danger, a planned field trip may be cancelled at the discretion of the school principal or designee. In the event of this cause for cancellation, the district is not responsible for the loss of fees or payments incurred by families if expended monies cannot be recovered.