

Trip Date: _____
Teacher: _____

Montgomery Middle Schools-
Upper and Lower Campuses
Skillman, New Jersey 08558

MEDICAL INFORMATION FORM FOR FIELD TRIPS

Dear Parent/Guardian:

While your child is attending a field trip with Montgomery Middle School, he/she may need medical attention. In order to avoid delay in obtaining your consent, please fill out this form and sign it.

I (We) _____, parent/guardian of _____
(Parent/Guardian) **(Student-first and last name)**

give consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to a minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon, if the school authorities are unable to contact me.

(Parent's signature)

(Date)

Child's Doctor: _____

Phone _____

Insurance Co. _____

Policy # _____

Home Phone _____

Work Phone(s) _____

Parents' Cell Phone _____

Emergency # _____

List any allergies or medical conditions your child has and note if they will be carrying an epinephrine-auto injector or inhaler. Please include the name of the medication.

Medication (s) Required for Field Trip:

1. ____ A. This student will not require medication during this trip.

____ B. This student will need to take medication during this trip. (Please complete section 2.)

2. Prescription and over the counter medication must be supplied by the parent/guardian in the **ORIGINAL CONTAINER** and given to the school nurse in advance of the trip. Students cannot carry any medications with the exception of epinephrine auto-injectors, inhalers and insulin. If medication is necessary, the nurse will carry and dispense it.

Medication: _____ **Dose:** _____ **Time:** _____