

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: March 18, 2011

REVISED:

121-AR-12. EMERGENCY TREATMENT FORM FOREIGN FIELD TRIPS

Student's Name: _____

Date of Birth: _____

Destination: _____

Depart: _____ Return: _____

I give permission for my child to participate in this foreign field trip.

Emergency contacts during the trip:

Name _____ Phone Number _____

Name _____ Phone Number _____

Insurance policy information:

Company Name: _____

Subscriber's Name: _____

Policy Number: _____

Indicate medical conditions and daily medications and dosages of student:

MEDICAL AUTHORIZATION AND CONSENT:

In the event of an emergency that requires medical care or treatment to be administered to the student, I/we hereby authorize any physician, hospital or other health care provider to give emergency medical care and treatment to this student.

The undersigned have read this Emergency Treatment Form for Foreign Field Trips and declare and affirm that I/we consent to the contents herein stated.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date