

Student's Name _____

Today's Date: _____

Sponsoring Teacher: CDR Jordan ✓PO1 Prior

Special information concerning this activity: _____

Are medications required for this activity? _____ NO _____ YES

If "Yes" please indicate:

Medication _____

Dosage _____ Time to administer _____

PRESCRIPTIONS AND NONPRESCRIPTION MEDICATIONS SHALL NOT BE TAKEN ON THIS TRIP WITHOUT AUTHORIZATION FROM THE PHYSICIAN AND PARENT.

We will attempt to contact the following as appropriate:

Family Doctor _____

Phone Number _____

Health Insurance Carrier _____

Health Insurance Card# _____

Emergency Contact (other than parent) _____

Phone Number _____

Parent Signature for Consent _____

Parent Home Phone# _____

Parent Work Phone# _____

To: Faculty (This section must be completed for any classes students will miss.)

The above named student will be participating in a field trip on _____ during periods _____ through _____.

Please initial below indicating your approval:

	Course	Teacher	Initials
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Sponsoring Teacher: the health technician must review this form five days before the field trip.

Health Technician Initials: _____