

**MEDICAL RELEASE FORM FOR SCHOOL TRIPS**  
**School \_\_\_\_\_**

Student's name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

**MEDICAL INFORMATION**

History: High Blood Pressure \_\_\_\_\_ Motion Sickness \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_  
Hypoglycemia \_\_\_\_\_ Sickle Cell \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ Seizures \_\_\_\_\_  
Kidney Problems \_\_\_\_\_ ADD/ADHD (Hyperactivity) \_\_\_\_\_  
Other \_\_\_\_\_

Regular Prescribed Medications: None \_\_\_\_\_  
Medication(s) \_\_\_\_\_  
Time of Administration \_\_\_\_\_  
Dosage \_\_\_\_\_

*Medication must be in original container with complete prescription information on the label*

Allergies: None \_\_\_\_\_ List of allergies \_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_\_  
Are there any foods that the student cannot eat or should avoid? \_\_\_\_\_  
Other physical conditions or health problems \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE**

Insurance or Medical Card No. \_\_\_\_\_ Group No. \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Primary Insurance Company \_\_\_\_\_  
Parent/Guardian Name on Insurance \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Social Security No. of Parent/Guardian with Insurance \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*We must have phone numbers to reach you at any time in the case of an emergency!*

**PERMISSION**

I hereby give permission for my child, \_\_\_\_\_, to be administered any duly prescribed medications. No over the counter medications will be administered without a physician's order. All medications must be in the original containers. In the event that he/she becomes ill or injured and requires emergency treatment, the school representatives have my permission to arrange for immediate treatment. I will be responsible for any expenses this treatment may incur.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_