FIELD TRIP MEDICAL RELEASE FORM

Name of Student Date of Birth

Address City State Zip

FIELD TRIP DESTINATION ___FRANCE__ DATES___4/22-30/2016___

I (we) give permission for a licensed medical authority (EMT, RN, LPN) to administer first aid or a doctor of medicine selected by authorized Hollis Brookline High School personnel to hospitalize, secure proper treatment for, and to order medicine, injections, anesthesia, surgery, or x-rays, for my (our) child following a medical emergency.

I will not hold the authorized school personnel Hollis Brookline School District responsible for any injury or repercussion from medical attention.

1. Parent/Guardian (please print & sign) Date
Cell #_____ Home# _____ Work #_____

2. Parent/Guardian (please print & sign) Date
Cell #_____ Home# _____ Work #_____

Emergency Contact _____

Cell #_____ Home# _____ Work #_____

Family Health Insurance Plan _____

Address _____Policy #_____

1. Does your child have any food, medicine, or insect allergies that require medication?
   If yes, please explain _____
2. Does your child need limited physical activity due to heart problems, asthma, illness, surgery, fracture, etc? If yes, please explain_____
3. Date of last tetanus shot _____
4. Is there any other concern we should be aware of? Please explain_____
   _____
5. Will your child be carrying any medications with him/her? (If so, they may only carry enough for the duration of the trip and all medication must be in their original prescription bottle and must be accompanied by a Dr's note stating the student has permission to carry and self administer these medications for the travel dates noted above.) Please list.
   _____
6. If you wish your child to have access to Over the Counter medications, such as Tylenol, Advil, Benedryl, cough drops, Tums, etc. as necessary, please list authorized OTC's.
   _____
   (The Lead Chaperone will have an emergency first aid kit and a supply of general OTC's)

Please use the back of this form if necessary. Please check the HBHS Website's technical advisory 311.02 or call the school nurses' office if you have any questions.

Revised August 2010