EMERGENCY MEDICAL AND FIELD TRIP FORM

Student	DOB	Phone
Address		
Parent/Guardian	Phone: Home	Work
Other Contact	Phone: Home	Work
Doctor	Phone	
Insurance Company	Policy Number	
Medical Information and/or Restrictions (a	illergies to insect bites, hypoglyc	eemia, etc.):
I consent to and authorize the Board of Edhe/she deems necessary in order to provid	e emergency medical care for m	ny child. I further agree to permit my
child to be transported to a medical facility	by ambulance or other commer	cial vehicle.
Parent/Guardian Signature		Date
	Y MEDICAL AND FIELD TR	
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Address		
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Parent/Guardian Signature		Date

MEDICAL STATUS CHANGE

Has the medical status of your child changed since his Yes No	s/her last physical examination?
If yes, your child's physician MUST verify and releast designated sport in order to participate. Verification a medical physician prior to participation.	
If no, please indicate not applicable.	
Parent/Guardian Signature	Date
CONSENT	FORM
I/We hereby give my/our consent and authorize the dicoaching staff, school medical staff, and the school acathletics and sports.	
Parent/Guardian Signature	Date
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