

WHITMAN-HANSON REGIONAL SCHOOL DISTRICT

Hanson Middle School

111 Liberty Street
Hanson, MA 02341
781-618-7575

Martin R. Geoghegan, Principal

Robert M. Peluso, Assistant Principal

*Annual Grade 8 Trip
Medical Form*

Please type or print the following information:

Student Name: _____ DOB: _____ Age: _____

Home Address: _____

Home Phone: _____ Student's Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Mother's Work Phone: _____ Cell Phone: _____

Father's Work Phone: _____ Cell Phone: _____

*If unable to reach the Parent or Guardian, please designate
an emergency contact for your child.*

Name: _____ Phone: _____

Address: _____ Relationship: _____

*In the case of a medical emergency, I give permission to the Principal or Nurse, on the trip, to
obtain any medical care necessary, including hospitalization, for my child.*

Date: _____

Student's Name: _____

Parent/Guardian Signature: _____

Insurance Provider: _____ Dental Provider: _____

Policy #: _____ Policy #: _____

Policy Holder: _____ Policy Holder: _____

Medical Information

1. Please list any medical conditions that your child has that you would like us to be aware of:

2. My child is ALLERGIC to:

- *All medications must be brought in and given to the nurse attending the trip the morning of the trip.*
- *All medications must be in the original container with the original medication.*

3. My child will need to take the following medications while on the trip (include both prescription and non-prescription):

Name Of Medication	Dose	Time To Be Given

4. I give permission for the nurse, attending this trip, to administer these medications as well as Tylenol or Ibuprofen (if necessary) to my child.

Yes: _____ No: _____

Comments: _____

Parent Signature: _____ Date: _____

Please contact Lisa Godbout, R.N., at 781-618-8761, if you have any questions or concerns related to your child's medical needs.