

GREEN MEADOW EMERGENCY/TRIP FORM

Students (N/K-12th grade) will not be permitted to go on class trips without the completed form

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

Please supply ALL information requested. Then check the boxes next to the numbers we could use to reach you in the event of an emergency during the school day.

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email Address _____ Email Address _____

Family Physician _____ Phone Number _____

Person to notify in event of an emergency (other than parent) _____

Phone (s) _____ / _____

I DO _____ DO NOT _____ AUTHORIZE GREEN MEADOW TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

I DO _____ DO NOT _____ AUTHORIZE GREEN MEADOW TO ADMINISTER HOMEOPATHIC REMEDIES TO MY CHILD.

(Parent Signature)

(Date)

Insurance Carrier _____ Policy ID# _____

Is student taking medication? If yes, please list and include dosage _____

Is student allergic to medication? If yes, please note _____

Date of last tetanus booster _____

Any special instructions? _____

I GIVE PERMISSION FOR _____ TO TAKE PART IN TRIPS ORGANIZED BY THE SCHOOL DURING THE SCHOOL DAY AND OUTSIDE OF SCHOOL TIME. I AM AWARE THAT ON OCCASIONS OTHER PARENTS MAY USE THEIR OWN CARS TO TRANSPORT STUDENTS. Parents who use their cars for such a trip will need to provide the school with a copy of their driver's license and proof of insurance.

Signature

Date