

Out of Town Form

DARIEN PUBLIC SCHOOLS

Copy to be given to School Nurse

Grade ___ Home Room Teacher _____

(For school nurse only- when both parents are going out of town)

Student's Name _____ Date of Birth _____ SS# _____
last first middle

Medical Insurance Co. _____ Phone Number _____

Group # _____ Plan _____ Subscriber _____ ID# _____

Family Physician: (1st choice) _____ Phone _____ Hospital of choice:
(2nd choice) _____ Phone _____ Stamford

Family Dentist _____ Phone _____ Norwalk

Information for Health Care Providers in case of Emergency: Please check all that apply.

No Yes **Allergic to:** _____ Usual treatment _____

No Yes **Medications** (taken at school or home) _____ Used for: _____

No Yes **Other health issue(s)** which may affect student in school, sports, or on field trips: _____

Parents/Guardians _____ are away in (location) _____ from – to (dates) _____ and can be reached at (phone #s) _____

This is to certify that (name) _____ (phone #s) _____ has my permission to act in my stead as temporary guardian. If they are unable to reach us at the numbers listed above, they have my permission to act in my stead should my child require emergency medical diagnosis and treatment. This consent does not cover major surgery unless the medical opinions of two licensed physicians or dentists are obtained prior to the performance of such surgery.

Printed Name of Parent or Guardian

Signature

Date

Out of Town Form

DARIEN PUBLIC SCHOOLS

Copy to be given to Temporary Guardian

School _____ Grade ___ Home Room Teacher _____

School Phone # _____

Student's Name _____ Date of Birth _____ SS# _____
last first middle

Medical Insurance Co. _____ Phone Number _____

Group # _____ Plan _____ Subscriber _____ ID# _____

Family Physician: (1st choice) _____ Phone _____ Hospital of choice:
(2nd choice) _____ Phone _____ Stamford

Family Dentist _____ Phone _____ Norwalk

Information for Health Care Providers in case of Emergency: Please check all that apply.

No Yes **Allergic to:** _____ Usual treatment _____

No Yes **Medications** (taken at school or home) _____ Used for: _____

No Yes **Other health issue(s)** which may affect student in school, sports, or on field trips: _____

Parents/Guardians _____ are away in (location) _____ from – to (dates) _____ and can be reached at (phone #s) _____

This is to certify that (name) _____ (phone #s) _____ has my permission to act in my stead as temporary guardian. If they are unable to reach us at the numbers listed above, they have my permission to act in my stead should my child require emergency medical diagnosis and treatment. This consent does not cover major surgery unless the medical opinions of two licensed physicians or dentists are obtained prior to the performance of such surgery.

Printed Name of Parent or Guardian

Signature

Date