

Field Trip /Student Health History and Emergency Contact

Student Last Name	Student First Name	Current Grade

From time to time this school year, your child will be taking excursions to various places of interest or attending an athletic event in the community and, at times, out of the community. Some of these trips will be made by bus and on some occasions the children will walk. They will always be accompanied by at least one teacher/coach and, in some cases, by parents who volunteer to help.

The above-named student has my permission to accompany the class on any field trips and/or athletic events during the upcoming school year.

I understand that in cases of serious accident or illness at school or during a school-sponsored trip, my child will be sent to an emergency medical facility. The parent / guardian will be responsible for all expenses.

I understand that this information will be shared with Fremont #1 staff accompanying my child on school-sponsored field trips and with emergency / medical staff in the event of a serious accident or illness. I agree to inform the school district, in writing, of any changes to this information.

Is the Student Currently Taking Any Medication?	If Yes, please list medication and reason for taking it
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Allergies to medications, food, or insect bites? If Yes, provide details
<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Parent/Guardian Name: (please print)	
Primary Parent/Guardian Phone Number:	()
Secondary Parent/Guardian Name: (please print)	
Secondary Parent/Guardian phone number:	()

The individual(s) listed below have my authorization to check my child out of school in the event of an emergency situation **only**. They can be reached during school hours at the number listed.

Name	Relationship	Phone number

Parent/Guardian Signature	Daytime Phone:	Date
		/ /
		/ /