

# Medical Emergency Form

I, \_\_\_\_\_, the parent of \_\_\_\_\_, give my permission to staff members of Providence Spring Elementary School, and my child's chaperone, to seek medical attention in case of an emergency from April 4<sup>th</sup> - April 6<sup>th</sup>, 2017.

In the event that emergency medical care is necessary, the treatment facility will require proof of insurance coverage. Please copy **both** sides of your insurance card in the space provided.

**Front of the card:**

**Back of the card:**

## Additional Information

Student's Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

In case of emergency and parents/guardians can't be reached please contact:

Name : \_\_\_\_\_

Contact Number: \_\_\_\_\_

Does your child have any food allergies?    No    Yes (please list) \_\_\_\_\_

Does your child have allergies to medications?    No    Yes (please list) \_\_\_\_\_

My child is taking the following medication while on this trip: (*Remember to have your doctor complete the medical authorization form*)

Medication	Dosage	Frequency	When
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other health concerns of which staff and chaperones should be aware:

The attached Authorization of Medication Form is required (with signature of Doctor **and** parent) for any medication to be given on this trip including over-the-counter medications.

Parent Name: (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_