

APPENDIX A (105-12)

Huntsville City Schools
Out-of-Town Field Trip Medical Release Form

Student's Name: Date of Birth:
Street Address: City: Zip Code:
Parent/Guardian #1 Name: Parent/Guardian #2 Name:
Address: Address:
Home Ph #: Home Ph #:
Phone # @ work: Phone # @ work:
Employer: Employer:
Cell Ph # or Pager: Cell Ph # or Pager:
If unable to reach parent/guardian, please notify:
Name: Relationship:
HomePh#: Cell Ph # or Pager:

Student's General Health Information:

- 1. Does your child take medication? YES NO
(A completed and signed School Medication Prescriber/Parent Authorization Form is required for each medication (prescription or over-the-counter) medication to be administered during the field trip).
2. Does your child have any allergies? YES NO If yes, please list:
Does your child require medication to treat severe allergic reactions to insect stings/bites, food, etc.?
(If yes, a copy of the completed and signed Emergency Plan for Severe Allergy form and the form(s) for related medication(s) must accompany this form).
3. Does your child have asthma? YES NO
(If yes, a copy of the Student Asthma Action Plan Form and related medication authorization forms must accompany this form).
4. Does your child wear contact lenses? YES NO
5. Date of your child's last Tetanus Booster shot:
6. Is there any health history that may assist the person in charge if this student should become ill?
Family Physician:
Address:
City: State: Zip Code:

Authorization to Treat/Administer Medication:
I hereby authorize medical or surgical treatment of if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Huntsville City Schools representative.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian Date

Signature of Notary Date

State County Date Commission Expires