

Montgomery Township Schools
MEDICAL INFORMATION TRIP FORM

DESTINATION: Sovereign Bank Arena New Jersey FIRST Regional Competition

DEPARTURE DATE/TIME: February 26, 27, 28 6:30 AM

RETURN DATE/TIME: February 26, 27, 28 6:00 PM

SUPERVISING TEACHER: Mr. Leicht

Dear Parent/Guardian:

While your child is attending this trip he or she may need medical attention. In order to avoid delay in obtaining your consent, please fill out this form and sign it.

I (We) _____, parent/guardian of _____

Parent/guardian

student name

give consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered at a recognized medical facility. This treatment will be under the general or special supervision of a licensed physician or surgeon if the school authorities are unable to contact me.

Parents/guardian signature

date

There will be no school nurse on this trip.

List any Allergies or Medical Conditions your child has and note if they will be carrying an Epi-Pen or inhaler (include the name of the medication). _____

Home Phone _____

Work Phone (mom) _____

Cell Phone (mom) _____

Work Phone (dad) _____

Cell Phone (dad) _____

Another Emergency # _____

Child's Doctor _____

Phone _____

Insurance Co. _____

Policy # _____

Medication(s) Required for this Trip(please check appropriate boxes)

____ My child will not require medication during this trip.

____ My child will need medication during this trip (List below)

____ If a nurse is present on this trip my child can have Tylenol or Advil

Prescription and over the counter medication must be in the original pharmacy labeled container. Signed permission forms for carrying inhalers and Epi-Pens are on file in the nurse's office.

Medication _____ Dose _____ Time _____

Medication _____ Dose _____ Time _____

Parent/Guardian Signature _____

6/08