

Entiat School District # 127

MEDICAL INFORMATION AND RELEASE FOR FIELD TRIPS
District Curricular/Co-curricular/Interscholastic Activities

Student Name: _____

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.):

The following medications, prescriptions, or special diets are needed:

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor: _____

Phone Number: _____

I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.

Name of Insurance Carrier: _____

Policy Number: _____

Parent Name: _____

Home Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Signature or Parent or Guardian

Date