

**PLEASE MAKE COPIES OF COMPLETED FORMS AND GIVE TO AN
ADMINISTRATOR WHO IS NOT ON THE TRIP.
THIS IS VERY IMPORTANT IN CASE OF EMERGENCY!**

Medical Authorization Form for School Trips

I / We, being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint an agent of _____ School to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above named minor during a period of my absence. This authorization is given with my / our understanding that attempts will be made to contact me / us prior to the administration of treatment for any non-life-threatening situation/ condition utilizing the contact information that I / we have provided.

This document shall be presented to appropriate personnel at such time as emergency medical, dental, surgical, care or hospitalization may be required.

_____ Signature Parent/Guardian	_____ Date
_____ Address	_____ City/State/Zip Code
_____ Home Phone	_____ Daytime Phone
_____ Special health or dietary needs	_____ Allergies

Hospitalization Coverage for the Above Named Minor:

_____ Name of Insurance Company or Government Carrier	_____ Identification or Group Number
_____ Family Physician Name	_____ Family Physician Phone Number

(Please attach a copy of Insurance Card)

Insurance Waiver Statement: *(complete this section if you do not have insurance)*

Where no proof of insurance is established, it is understood that the parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during co-curricular activities. I have read and understand the above.

_____ Signature Parent/Guardian	_____ Date
_____ Student's Name and Date of Birth	_____ Teacher