Washington D.C. Trip - Emergency Medical Authorization Form

Student Name

Address Zip

Telephone ( )

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who became ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name Daytime Phone ( )

Father's Name Daytime Phone ( )
Cell Phone ( )

Name of Relative or other person to be contacted

Relationship

Address Daytime Phone ( )

Please fill out Part 1 or 2

Part 1: To Grant Consent

I hereby give consent for medical care in Washington D.C. in cases of emergency.
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by medical personnel; and (2) the transfer of the child to any hospital reasonably accessible.
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date Signature of Parent/Guardian

Address

My child can be administered the following medication by school officials during the trip. This includes all over the counter medicine (even aspirin).

All medication must be in its original container, it must be given to school officials at the beginning of the trip. School officials will provide over the counter asprin, ibuprofen, and antiacids.