



EXTRACURRICULAR/CO-CURRICULAR TRIP FORM EMERGENCY MEDICAL AUTHORIZATION FORM

The purpose of this form is to make it possible for parents and/or guardians to authorize the provision of emergency treatment for students who become ill or injured while under group authority, when parents and/or guardians cannot be reached for the purpose of giving consent for such treatment. **A completed form is necessary before the trip. We must have this authorization for each student attending the trip.**

STUDENT'S NAME _____
Last First Middle

GRADE _____ DATE OF BIRTH _____ TELEPHONE _____

ADDRESS _____
Number and Street

City State Zip Code

FATHER'S FULL NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL _____

MOTHER'S FULL NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL _____

NAME OF INSURANCE COMPANY _____

INSURANCE COMPANY MAILING ADDRESS _____

POLICY NUMBER _____ TELEPHONE _____

PERSON TO CONTACT IF UNABLE TO REACH PARENT/GUARDIAN

NAME _____

RELATIONSHIP TO STUDENT _____

ADDRESS _____
Street City State Zip Code

HOME PHONE _____ WORK PHONE _____ CELL _____

PARENT/GUARDIAN SIGNATURE _____ Date

1/14/13
3/18/13
12/14/15