

NOTE: Must be completed for each student participating in a field trip requiring an overnight stay or outside a one-hundred-mile radius of the North East School District.

STUDENT/GROUP FIELD TRIP REQUEST MEDICAL RELEASE FORM

I/We, _____ and _____ ,
the parent(s) and/or guardian(s) of _____ , a minor, have entrusted such minor
to the care of _____ , an adult, for the purpose of taking part in a
North East District field trip _____
To _____ from _____ to _____

In connection therewith, we authorize the above-referenced adult to consent to any ambulance or other emergency vehicle transportation, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the above-referenced minor under the general and special supervision, and on the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act of 1985, 63 P.S. SS422.1 et seq., or if in another state or country, the law governing the practice of medicine.

The following information is important in regard to the above-referenced consent:

- 1. Allergies: _____
- 2. Medications: _____
- 3. Name of Medical Insurance Company: _____
- 4. Policy Number: _____
- 5. Medical Problems: _____

If the parent(s) or guardian(s) cannot be reached in an emergency, the person to be contacted is:
Name: _____
Address: _____
Telephone Number: _____

Parent or Guardian Parent or Guardian

Telephone Number Date

NOTE: Please make an individual copy of this form for each student to complete.

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ITINERARY FOR STUDENT GROUP FIELD TRIP

Name of Activity: _____
Coach or Advisor: _____

Names and Phone Numbers of Students on Trip:

Students	
1. _____	9. _____
2. _____	10. _____
3. _____	11. _____
4. _____	12. _____
5. _____	13. _____
6. _____	14. _____
7. _____	15. _____
8. _____	16. _____

Continue on a separate sheet of paper if necessary and attach to this form.

Date and Time of Departure from North East: _____
Destination and Estimated time of Arrival: _____
Planned Route of Travel to Destination: _____
(Brief Description) _____

Date and Estimated Time of Departure for Return to North East: _____

Estimated Time of Arrival in North East: _____

Planned Route of Travel for Return to North East: _____
