

6. If our/my child/ward has a special medical condition and/or physical disability diagnosed by a physician. A description of that medical condition and/or physical disability is attached hereto.

A special note to Parent/Guardian/Caregiver:

1. All medications taken by your child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.
2. All medication prescribed by a physician for your child/ward must be kept and administered by District staff.
3. _____ Check here if your child/ward has a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
4. List any medication that your child/ward must take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication:

Name of Medication	Dosage	Reason(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. My child/ward is allergic to the following medications: _____

6. My child/ward is allergic to the following foods, materials, etc.: _____

I acknowledge that I have carefully read this Pupil Field Trip Permission Slip and Medical Authorization Form and I understand and agree to its terms.

Address: _____

Phone No(s): _____ (where I can be reached during this activity)

Emergency contact if I cannot be reached _____

Name	Phone No.
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Pupil's Medical Insurance Carrier	Policy Number
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Address _____

Parent/Guardian/Caregiver (please print)	Signature	Date
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Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.