

COMMUNITY HIGH SCHOOL DISTRICT 218

GREAT AMERICA Field Trip Medical Permission Form – Overnight Trips

Directions: Students complete this document and obtain parent signature. Attach a copy of your parent’s medical insurance card and driver’s license

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Person to Contact in **CASE OF EMERGENCY:** _____

Home Phone: _____ Cell Phone: _____

List or attach any medical problems _____

List or attach any allergies (include allergies to medicine): _____

List or attach any medication and dosage your child is now taking: _____

Medical Insurance Company: _____

Group or Policy Number: _____

Other Numbers or Codes: _____

I understand that in the event of an emergency, District 218 staff will administer first aid and/or take my child to the nearest emergency care/hospital.

A teacher or other certified staff member will maintain possession of prescription medication, excluding inhalers.

I also understand that all school rules apply at Great America, the full consequences applicable according to the Student Discipline Handbook will be assessed. I understand that suspension/expulsion for alcohol or drug related offences may exclude me from participation in graduation ceremonies.

Signature of Parent/Guardian

Date