

Mason Elementary School District
FIELD TRIP
Health Information Sheet
2016-2017 School Year

This Form will only have to be filled out once and be used for all out of district field trips for the school year. If there are any changes in the year, please let us know to update the information.

Students Name and Address _____

Telephone Number _____

EMERGENCY CONTACTS:

Mother _____ Telephone _____

Father _____ Telephone _____

Other Contact _____ Telephone _____

Food or Drug Allergies _____

Other Allergies _____

Date of Last Tetanus Shot _____ Present Medications _____

Chronic Medical Problems _____

Other Items of Concern _____

PARENTAL AUTHORIZATION

In case of emergency, in the event I cannot be reached, I authorize the Mason School District, its agents, employees and other officers, to procure and consent to any medical examination, diagnostic process, or course of treatment including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon, unless exceptions are specified below. This holds true for this field trip.

EXCEPTIONS – BE SPECIFIC _____

NO EXCEPTIONS (INITIAL) _____ DATE _____

PARENT/GUARDIAN SIGNATURE

HEALTH INSURANCE COMPANY NAME

POLICY NUMBER