

Mason Elementary School District

**Field Trip**

Health Information Sheet

2024-2025 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: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Mother \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Father \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Other Contact \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

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