Mason Elementary School District

Field Trip

Health Information Sheet

2026-2027 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:_____

Date of Last Tetanus Shot:_____

Health Insurance Company:_____

Policy #:_____

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.

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PARENT/GUARDIAN SIGNATURE