

Croton-Harmon High School
Health Form for Overnight Field Trip

Please return this form to:
Phyllis Cobb at CHHS Health Services

Destination: _____

Date(s) of Trip: _____

Teacher/Coach/Advisor: _____

Student Name: _____

Age: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

Hone Telephone: _____

Cell Telephone: _____

Work Telephone: _____

Emergency Contact: please list two adults other than parent/guardian who may be contacted:

(1) Name: _____

Telephone: _____

(2) Name: _____

Telephone: _____

In case of emergency and you cannot be reached, we request the name of your child's physician who we will try to reach by telephone, and your consent to speak to the physician regarding care for your child.

Physician: _____

Telephone: _____

Consent for Emergency Medical Treatment:

I hereby give permission for my child, named above, to be examined and/or receive emergency medical treatment as deemed necessary by the available medical personnel on the above described school field trip. I understand that I, the parent/guardian, will assume all medical and transportation costs of such emergency injury or illness.

(Parent's/Guardian's Signature)

Student's Name: _____

List any illnesses or injuries in the past year, with dates:

List any medical/health concerns we should know about:

Allergies:

List any medication, prescription or over the counter, that will be taken on this trip:

The "Parent and Physician's Authorization for Administration of Medication in School and School Activities" form **MUST** be completed by a parent and a NYS healthcare provider for any medication, prescription or non-prescription, that your child will be taking on this trip. This completed form needs to be on file with the school nurse prior to the trip. If you want your child to self-carry and self-administer their medication, make sure your doctor chooses **Administration Option "A"**. Medication must be in its original container and clearly labeled.