BRANCHBURG TOWNSHIP SCHOOLS
School Health Services
FIELD TRIP MEDICAL RELEASE FORM
For Field Trip:_____

This form grants the nurse, school leader, or designate of the trip, permission to secure emergency medical treatment for the student listed below. In a medical emergency, care and treatment will be secured first with parental contact and notification being made simultaneously or following the incident. Please be accurate in the completion of this form.
Students failing to return this form will not be allowed to participate in the trip

Student's Name: Last:_____First:_____Middle:_____
Address:_____City:_____State:_____
Home Phone:_____Date of Birth:_____

During trip parents/guardians can be located at:

_____	_____
(Name and relationship to student)	(Name and relationship to student)
_____	_____
Location and Address	Location and Address
_____	_____
Phone Number	Phone Number
_____	_____
Cell Phone/Beeper	Cell Phone/Beeper

If above are unable to be located, please call:

_____	_____
Name/Relationship	Phone/Cell Phone

Health History: (explain and give dates where known)
Surgical procedures within the last 12 months:_____
Serious medical problems: _____
Diabetes Asthma Epilepsy
Tetanus (last shot)_____
Allergies (list)_____
Other Health Concerns:_____
Is your child currently under medical treatment? If yes, explain:_____
_____Physician:_____

Medications: ALL medications that you wish the nurse to administer on the trip MUST be given to the nurse at least a week before the trip. Medications MUST be accompanied by a MEDICATION AUTHORIZATION FORM, signed by a physician and a parent/guardian.
Indicate any and all prescribed medications that your child is currently taking, and the reason:
_____
Indicate any and all over-the-counter medications that your child is currently taking, and the reason:
_____

Family/Primary Care Physician:_____**Phone:**_____
Address:_____
Insurance: Company:_____Policy #_____
Group#_____

I/we in the capacity of the parent or guardian of the above student hereby give permission for the medical treatment by a physician or hospital in the event of a medical or surgical emergency. Furthermore, I/we indemnify and hold harmless the Branchburg Board of Education and its employees or agents against any claims arising from such emergency actions.
Parent/Legal Guardian Signature:
_____**Date:**_____