



Medical Release Form (Step 5A)

Out-of-County Field Trip

Please clearly print information, sign below, and return with Parent/Guardian Consent form.

Student: _____ DOB: _____

School: _____ Field Trip: _____

Field Trip Departure Date: _____ Field Trip Return Date: _____

In the event of a medical emergency, I give permission to School Board Personnel to authorize whatever treatment is necessary and I will accept liability for payment of any bills related to the treatment.

Insurance Company: _____

Policy Number: _____ Effective Dates: _____

Policy Holder Name: _____

List any medical issues or special needs below, in addition, please note that a *Permission for Administration of Medication* form must be completed in order for any DCPS personnel to be authorized to administer any medication to a student.

In case of emergency:

1st Emergency Contact (please print): _____

Cell: () Home: () Work: ()

2nd Emergency Contact (please print): _____

Cell: () Home: () Work: ()

3rd Emergency Contact (please print): _____

Cell: () Home: () Work: ()

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature: _____ Date: _____