

**Unionville-Chadds Ford School District
Elementary Field Trip Medical Authorization Form**

Student Name _____ Teacher _____ Date of Trip: _____

Parent/Guardian Name: _____

Home phone: _____ Work Phone: _____

Emergency # if parents cannot be reached: _____

Insurance: _____ Policy #: _____

Family Doctor's Name: _____ Doctor's Phone Number: _____

Health Concerns, Physical Limitations and/or Allergies:

Medication(s) Required for Field Trip:

1. Medication: _____

Dose: _____ Time to be given: _____

Reason: _____

2. Medication: _____

Dose: _____ Time to be given: _____

Reason: _____

Medical Authorization:

I understand that every effort will be made to contact parents/guardians in the event of an emergency. In an emergency requiring medical treatment, I hereby authorize any physician, hospital or other healthcare provider to give such care to this student. I also hereby give permission for the transport to/from a doctor and/or hospital by a chaperone or ambulance.

I do hereby release, discharge, and hold harmless the Unionville-Chadds Ford School District, its agent and employees, from any and all liability and claim either we or our child may suffer as a result of these requests for medication and emergency treatment. I am aware that non-medical chaperones may be administering the requested medication(s) to my child.

The undersigned has read this Medication and Medical Authorization Consent Form and declares and affirms consent to the contents herein stated.

Parent/Guardian

Date

Pocopson Elementary School
Field Trip and Medical Authorization
Consent Form

Student's Name

Teacher/Grade

As parent(s)/ guardian(s) of the above named student,
permission is granted for this student to attend the Pocopson
Elementary School field trip.

to _____ on _____.

Signature

Date

Important

The medical/insurance information on the back of this consent must
be completed.

Return this form to school by _____