

Wakulla County School District
2014-2015 Enrollment Packet/Supervised Field and Activity Trips Emergency Medical Treatment Form

HOMEROOM TEACHER: _____ SCHOOL _____

I hereby grant permission for my child, _____, to participate in school related field trips during the school year 2014-2015.

I am aware of Wakulla County School Board Policy 4.43 (8) which states: "All participating students traveling to and from school-sponsored events or any extra-curricular activities must use the transportation provided by the school going both ways. Exception to this rule may be made only if a student is to ride with his/her parents and this exception is arranged, in writing with that student's principal or his/her designee."

I approve emergency treatment by the hospital physician and/or qualified medical technician for my child while participating in school related field trips and any extracurricular activities in or out of Wakulla County, Florida.

My insurance company is: _____

Address: _____

Policy Number: _____

Name of person insurance is carried under: _____

Employer: _____


Employer Address: _____

Please make sure that you list all of the information concerning your insurance company and **notify us if this information should change**. Adequate insurance is required. Make sure that you are very explicit with your information about medication or previous and/or prevailing illnesses.

Hospitals **WILL NOT** provide treatment for any person who does not have permission from parents, legal next of kin, or legal guardian. The Emergency Treatment Authorization Forms are carried to all extracurricular functions and are readily available in the event they are needed.

Parents should read the Emergency Treatment Authorization Form very carefully. If there are any questions, feel free to call the school.

Please list any medications that your child takes on a regular basis or any medical conditions your child might have:

 _____
SIGNATURE OF PARENT OR GUARDIAN

GUARDIAN HOME ADDRESS

GUARDIAN HOME PHONE

WORK PHONE

CELL PHONE

LIST ANOTHER PERSON TO CONTACT IN CASE YOU CAN'T BE REACHED

HOME PHONE

WORK PHONE

CELL PHONE