

MOUNT VERNON BOARD OF EDUCATION
Release and Emergency Medical Information for
FIELD TRIP

DATE:

DESTINATION:

MEDICAL:

1. Does your child take daily medication?

Or any, as needed, medication for a medical problem?

Please explain:

2. Drug, food or insect allergies:

Please explain:

3. Will your child be bringing any medication?

Name of medication: Purpose:

4. Has your child had a tetanus shot? If Yes Date:

In case of injury, I hereby authorize chaperones, in their discretion, to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary.

Student's Name

In the event that the minor, , causes any bodily injury or property damaged by his or her negligence, the parent and/or legal guardian agrees to indemnify any hold harmless the Mount Vernon Board of Education, its officers, agents, and employees from any loss or expense arising out of the negligence of the minor.

Age: Phone:

Date:

Address:

City or P.O.:

Zip:

Signature of Father or Legal Guardian

Signature of Mother or Legal Guardian