

Field Trip Medical Release

Dear Parents:

We are requesting that you fill out this form only once this year, so we can keep it on file for all field trips. We will send an informative flyer to prepare you for all field trips as they arise. If any of this information should change throughout the school year, please contact the office at (310) 475-4598.

Thank You

Child's Name _____ Birth Date _____ Grade _____

I understand that every attempt will be made to contact me in the event of illness or accident. If you are unable to contact me during an emergency, you are authorized to contact and, if necessary, release my child to:

(Name) (Address) (Home Phone) (Work/Cell Phone)

(Name) (Address) (Home Phone) (Work/Cell Phone)

(Physician) (Address) (Phone)

If the above cannot be contacted, my child may be treated by the paramedics and/or Emergency Room personnel: _____ Yes _____ No

Allergies to food: _____

Allergies to medication: _____

(Signature of Parent) (Address)

(Home Phone) (Mother's Work Phone) (Mother's Cell Phone)

(Father's Work Phone) (Father's Cell Phone)