

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS  
AND/OR OTHER AFTER SCHOOL ACTIVITIES**

**Instructions:** Return completed form to your child's school. If you have questions pertaining to this form, contact your child's school.

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Last First Middle \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Street City Zip

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Address of above (if different) \_\_\_\_\_ Street City Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List a person other than the parent or guardian who could be contacted in case of emergency below:

Emergency Contact Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Is above student allergic to foods, medications, or insects?  Yes  No

If Yes, list what they are and emergency medication/treatment, if any. \_\_\_\_\_

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)?  Yes  No

If Yes, list and describe medical requirements for field trip \_\_\_\_\_

Does the above student take any daily medication(s)?  Yes  No

If Yes, complete the medication treatment authorization form (if not previously on file in the school Health Room) and list the medication(s) and time to be administered \_\_\_\_\_

Family Physician Name (Print) \_\_\_\_\_ Physician Phone \_\_\_\_\_

In case of non-life threatening emergency, list hospital preference \_\_\_\_\_

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child.

**I understand that I must notify the school in writing if there are any changes in this health emergency information. I understand that this statement remains in effect until the end of this school year unless revised or cancelled by me in writing to the school.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_