

Please copy this form onto your school's letterhead.

**Every student must have a completed form at MEC in order to participate.**  
**Student must bring this form Completed and Signed by parent or guardian to depart on the field trip!**

Christodora-Manice Education Center Field Trip 2010

## Medical Release Form

The following information is requested to assist your school and the Christodora-Manice Education Center in providing appropriate care for your child. As a parent/guardian, you need to complete and sign this form. All personal medical information is handled with confidentiality.

**Student Name** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Last First Middle

**HEALTH HISTORY** (circle yes or no) **ALLERGIES** (circle yes or no)

Seizures	yes	no	Food Allergies	yes	no
Convulsions	yes	no	Insect stings	yes	no
Diabetes	yes	no	Medication Allergies	yes	no
Physical Disability	yes	no	Other	yes	no
Chronic Illness	yes	no			
Asthma	yes	no			

If you circled "yes" to any of the above please describe:

Please list any specific activities in which your student should be limited:

Please list any dietary restrictions:

Any other information which teachers should know to provide safe and informed care for your student:

<b>Current medication(s):</b>	<b>#1</b>	<b>#2</b>	<b>Example</b>
Medication name	_____	_____	Albuterol inhaler
Dosage/amount	_____	_____	2 puffs
How often	_____	_____	as needed

**Please list any and all over the counter medication your student cannot take:**

### **Insurance Information**

Is the participant covered by a work/family/ or individual medical/hospital insurance? (circle)  Yes /  No

Insurance Carrier/Plan Name \_\_\_\_\_

Group/Policy # \_\_\_\_\_ SS# \_\_\_\_\_ (optional)

### **EMERGENCY AUTHORIZATION**

By signing below, I hereby give permission for the staff of the Manice Education Center ("MEC") to administer standard first aid to my student, including over the counter medications subject to the restrictions I have listed above. I hereby give permission to the staff members of my student's school chaperoning this field trip to administer all prescription medication I have provided to the school staff for my student while on the MEC field trip. Unless otherwise indicated, I hereby authorize my student to carry and administer his/her own metered dose inhalers and/or epi-pens as currently prescribed by a licensed health care professional. I hereby give permission to the medical personnel selected by the MEC Director, Assistant Director, Field Teacher or designate, and/or school teacher chaperones to order X-rays, order routine tests and treatment for my student. In the event I cannot be reached in an emergency, I hereby give my permission the MEC Director, Assistant Director, Field Teacher or designate, and/or school teacher chaperones to select a physician for my student and to authorize necessary and proper treatment including hospitalization, anesthesia and/or surgery for my student as named above.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone- Home ( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

*In the event that I cannot be reached in the case of an emergency please notify:*

Name \_\_\_\_\_ /Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Telephone- Home ( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_