

Student Field Trip Emergency Contact Form

Please complete this form. This information will be carried by the field trip coordinator in case of an emergency.

Student Information

Student Full Name:

Date of Birth (MM/DD/YYYY): Grade / Class:

Teacher / Trip Leader:

Primary Emergency Contact

Contact Name:

Relationship to Student:

Primary Phone: Secondary Phone:

Secondary Emergency Contact

Contact Name:

Relationship to Student:

Primary Phone: Secondary Phone:

Medical Information

Known Allergies (Food, Drug, Insect, etc.):

Current Medications Required During Field Trip:

Special Medical Conditions or Physical Limitations:

Health Insurance Provider: Policy / Group Number:

Consent and Signature

In the event of an emergency, I authorize the school staff or emergency personnel to secure necessary medical treatment for my child.

Parent/Guardian Signature (Sign on printed copy):

Date: