

Health/Emergency Form

Student Name _____

I hereby give permission for my child, named above, to attend the St. Paul's Lutheran School 7th & 8th Grade Outdoor Education Trip from Wednesday, August 27, 2014 to Friday, August 29, 2014. I understand that transportation will be provided by parents who will accompany the classes on this trip.

Parent Signature	Date
------------------	------

Medical Care and Insurance Form

I give permission to the adults on this Outdoor Education Trip to provide first aid, to dispense over the counter medication and prescription medication as detailed in the permission form, and to obtain medical care for my child as needed.

I will accept responsibility for payment of any and all charges for medical and hospital care and treatment and for any expenses incidental to this care, such as ambulance fees, which my child may incur while on this trip.

Parent Signature	Date
------------------	------

My child is insured by _____ insurance

Verification of this coverage may be secured by contacting:

Phone Number

Policy Number

Name of Primary Care Physician

Phone Number

If possible, please include a photocopy of your insurance identification card.

First Aid & Medication Form

I, _____, parent of _____, give permission for my child to be given the following medications that I will send along with my child. I am sending this medication in a zippered bag. I have labeled all medications with my child's name. I understand that the adult chaperones on this trip will keep the medications and dispense them according to their best judgment.

These are the medications (over-the-counter and prescriptions) I will send with my child:

Medication	Special Directions (other than on the label)

I also give permission for adults to give first aid treatment to my child for things such as cuts, bruises, blisters, bee stings, and rashes. I also give the adults permission to give my child other over-the-counter medications as needed for headaches, sore throats, fever, stomach upsets, etc. Adults will administer from our first aid kit Tylenol, Benadryl, cough drops, etc. The only over-the-counter medications that I do not want given to my child are:

Other special comments or information about my child's health:

Parent Signature	Date
------------------	------