

# Fenton Area Public Schools

## Student Information for Field Trips

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City Zip

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Medical Insurance Company and Number: \_\_\_\_\_

Date of Last Tetanus booster: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Any other medical concern of which we should be aware: \_\_\_\_\_

1. In case of an accident or serious illness, I hereby authorize school personnel or parent chaperone to secure emergency medical treatment and to make whatever arrangements seem necessary. It is understood that the parents will bear the financial responsibility in case of an emergency medical treatment or hospitalization.
2. In case of a serious disciplinary problem, I hereby authorize the school personnel to send the student home. It is understood that such a return trip will be at the parent's expense. Parents will be notified before this action is taken.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date