

EMERGENCY MEDICAL TREATMENT FORM
GRADE 8 FIELD TRIP TO WASHINGTON, D.C.

The purpose of this form is to provide students with emergency medical treatment that may be necessary on the Washington D.C. Field Trip scheduled from October 21-24, 2025.

Student's Name: _____ **Date of birth:** _____

Address: _____ **Student's Cell Number:** _____

Medical Insurance Plan / Policy Number: _____

EMERGENCY CONTACTS

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

HEALTH CONCERNS

List the student's pertinent medical history, health concerns, allergies, etc.:

OTC MEDICATION - STANDING ORDERS

The field trip nurse (or designated school personnel, if deemed appropriate) will have the following medications on hand to administer if needed:

Please circle which of these medications you give permission for your student to receive as needed:

| | | | |
|----------------|-------------------|------------|------------------|
| Tylenol 325 mg | Hydrocortisone 1% | Bacitracin | Ibuprofen 200 mg |
| Calamine | Antacids | Benadryl | ALL OF THE ABOVE |

EMERGENCY CARE AUTHORIZATION

I give permission for the field trip nurse (or Rebecca Calzini, or designated school personnel) to authorize emergency medical care for my child, _____, on the advice of a qualified physician if parents can't be reached, or if phone authorization is not accepted by the attending hospital.

Parent/Guardian's Name (print): _____

Parent/Guardian's Signature: _____ **Date:** _____

