

# School Trip Medical Form

## Science Academy of South Texas

### Student Information

Student \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell \_\_\_\_\_

### Contact Information

Parent/Guardian Name \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Name of Friend or Relative who can help locate parent/guardian if needed

Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

### Medical Information

#### Allergies or Medical Conditions

If Yes, please indicate

Food  No  Yes \_\_\_\_\_

Medicine  No  Yes \_\_\_\_\_

Insect  No  Yes \_\_\_\_\_

Asthma  No  Yes \_\_\_\_\_

Diabetes  No  Yes \_\_\_\_\_

Seizures  No  Yes \_\_\_\_\_

Other \_\_\_\_\_

#### List of Medications

List any medications your child is taking on the trip

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**My child does not take any medication.**

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

All medication administration must comply with district policy. No medications from outside the United States will be accepted. Medications should be delivered to the trip sponsor by a parent or authorized representative. Medications must be properly labeled and in the quantity appropriate for the trip.

I understand that all precautions shall be taken to prevent any accident and I do hereby release South Texas ISD, its agents, or employees from any liability resulting from an accident involving my child. In case of emergency, I hereby authorize a representative of South Texas ISD to seek medical attention for my child.

Copies of this authorization may be presented to the admissions office of a hospital, clinic or to a medical professional. Other distribution shall be only within the limitations of the *Family Educational Rights and Privacy Act*.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_