

# **Lafayette High School Spring Trip Medical Release Form**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Other \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Father's Work Number \_\_\_\_\_

Other Emergency Phone Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Is the student listed taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What condition is the medication being taken for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student had a tetanus shot within the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you know of any health factor that makes it advisable for the student to follow a limited program of physical activity or from participating in any of our planned activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain \_\_\_\_\_

Is the student allergic to any medication(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list those medications \_\_\_\_\_

Other allergies: \_\_\_\_\_

Any other medical concerns we should be aware of as it applies to your students participation in this trip activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give Mr. Hargis and the Adult Chaperones permission to act in an appropriate manner should my child need medical attention during the Spring Trip Band Activity. I give permission to the physician, or hospital to administer appropriate treatment for this student and to order medication(s), injections, anesthesia and surgery should it be deemed necessary.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_