



Pymatuning Valley Local School District

Pymatuning Valley Primary School

5571 U.S. Route 6 P.O. BOX 1180 Andover, OH 44003

Phone: 440-293-6206 Fax: 440-293-5152

Mrs. Lori Slekar, Principal

FIELD TRIP AND EMERGENCY MEDICAL AUTHORIZATION

Date of Activity

Student's Name-Last, First, Middle

Destination

Grade/Club/Activity/Group

Cost/Fee (if any)

Departure Time

Return Time

Special Instructions: _____

As a parent or guardian of the above named student, I hereby give consent for him/her to participate in the proposed field trip. I understand that the students taking the trip will be accompanied by school personnel and safety precautions will be taken.

I hereby give my consent for emergency treatment for my child in the event of illness or injury requiring emergency treatment.

List and explain facts concerning the child's medical history including: allergies, current medications and any illness or physical impairment to which a physician should be alerted.

Date

Signature of Parent/Guardian

STAFF USE ONLY

Medication Administered:

Date: _____

Time: _____

By: _____

Relationship to Student

Address

Telephone

The purpose of this form is to enable parents or guardians to authorize emergency treatment for students who become ill or injured while traveling on a field trip.

THIS FORM MUST BE IN THE POSSESSION OF THE ADVISOR DURING THE FIELD TRIP.
