

SEQUOIA UNION HIGH SCHOOL DISTRICT  
CARLMONT HIGH SCHOOL  
**FIELD TRIP MEDICAL PERMISSION FORM**

Trip to: **All Carlmont Music Department related field trips for the 2010-2011 school year**

Adult Leader: **Mr. John DaBaldo**

I give **Mr. DaBaldo** (teacher/group leader) permission to authorize emergency Medical/dental care for \_\_\_\_\_ (student) for the duration of this trip if required.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

***Contact in an Emergency:***

1. Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell Phone and/or Pager: \_\_\_\_\_

2. Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell Phone and/or Pager: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Phone No. \_\_\_\_\_

(Ensure your student has his/her medical ID card and/or the number

Medical ID Number: \_\_\_\_\_ Last Tetanus Booster (date): \_\_\_\_\_

Medicine Allergies \_\_\_\_\_

List all medications being sent with the student. List dosage and how often it must be taken. All medications must each be in their original containers.

Medications taken and frequency: \_\_\_\_\_

Any other medical information that the group leader should be aware of: \_\_\_\_\_

Blood Transfusions (yes or no) \_\_\_\_\_

Ensure your student has enough medication for the entire trip plus a little extra for emergencies and delays.

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