

Child's Grade: _____

School Year: _____

Terrace Community Middle School Field Trip Permission & Medical Emergency Form

The following is medical information for:

Student's Name: _____

First Name

Last Name

Home Address: _____

Street

City

Zip Code

Daytime phone #1 _____ Daytime phone #2 _____

Cell phone #1 _____ Cell phone #2 _____

My child takes medication during school hours. Yes No At what time? _____

Name of medication: _____

In case of an emergency, contact the following (please print):

Name	Contact number	Relationship to child
1.		
2.		
3.		

Name of Family Physician: _____ Phone # _____

****Please enter N/A if you do not have family physician****

Preferred Hospital* _____

**recommended: "closest" in the event your child is on an out-of-town field trip.*

I, _____, the parent/guardian of _____, give Terrace Community Middle School permission to take my child on all school-sponsored field trips. Eligibility to attend will be based on acceptable school behavior in all areas and may be withdrawn at teacher/administrator discretion.

It is understood that the above-named student is under the supervision of Terrace Community Middle School and subject to all rules and regulations of the school during all trips.

Should a medical/surgical emergency arise, I authorize the person in charge of this trip to arrange for whatever emergency treatment(s) may be necessary, and to make every reasonable attempt to contact me.

I also release Terrace Community Middle School, its administration, faculty, staff, chaperones and the TCMS Board of Directors from any and all liability and financial responsibility for my student in the treatment for sickness or accident.

I have read this form completely and hereby give my permission for my son/daughter to attend any and all field trips planned by the staff at Terrace Community Middle School that he/she may qualify for.

Parent/Guardian Signature _____

Date : _____

Photos of this form are not accepted. If returning via e-mail, please scan and attach (pdf).