

FAIRFIELD WOODS MIDDLE SCHOOL  
STUDENT EMERGENCY CONTACT AND MEDICAL INFORMATION FORM  
**FOR FIELD TRIPS TO BE TAKEN DURING 2017-2018 SCHOOL YEAR**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact(s) – Please provide at least one name and phone number

\_\_\_\_\_  
Name and Relationship to Student

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name and Relationship to Student

\_\_\_\_\_  
Phone Number

Please list any current or chronic medical problems or conditions, including allergies and physical limitations. (Use reverse side if necessary.)

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**IMPORTANT:** For school field trips, all medications in their original pharmacy container, with appropriate medication authorization forms must be brought by the parent to school nurse no less than 10 days before a school sponsored field trip. (This does not refer or pertain to students who have medications and medication forms on file in the health office for administering during the school day). Contact the school nurse to obtain medication authorization.

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In the event that a reasonable attempt has been made to contact me or my emergency contact, and these attempts have been unsuccessful, I authorize and give my permission to the school personnel to seek and administer medical attention for my child by a licensed medical professional. This consent does not cover major surgery unless the medical opinion of two licensed professionals are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

Health Insurance Carrier AND policy number \_\_\_\_\_