FAIRFIELD WOODS MIDDLE SCHOOL STUDENT EMERGENCY CONTACT AND MEDICAL INFORMATION FORM FOR FIELD TRIPS TO BE TAKEN DURING 2018-2019 SCHOOL YEAR

Student's Name	Grade	Homeroom	
Parent/Guardian Name(s)	Home Phor	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 problem limitations. (Use reverse side if necessary.)	s or conditions, including aller	gies and physical	
IMPORTANT: For school field trips, all manappropriate medication authorization forms must be days before a school sponsored field trip. (This demodications and medication forms on file in the day). Contact the school nurse to obtain medication	oe brought by the parent to schoos not refer or pertain to stue health office for administeri	nool nurse no less than 10 dents who have	
In the event that a reasonable attempt has been ma attempts have been unsuccessful, I authorize and g administer medical attention for my child by a lice major surgery unless the medical opinion of two li- performance of such surgery.	give my permission to the school ensed medical professional. Th	ol personnel to seek and is consent does not cover	
Parent's or Guardian's Signature	Date		
Health Insurance Carrier AND policy number			