

BRANCBURG TOWNSHIP SCHOOLS
 School Health Services
FIELD TRIP MEDICAL RELEASE FORM
 For Field Trip: _____

This form grants the nurse, school leader, or designate of the trip, permission to secure emergency medical treatment for the student listed below. In a medical emergency, care and treatment will be secured first with parental contact and notification being made simultaneously or following the incident. Please be accurate in the completion of this form. Students failing to return this form will not be allowed to participate in the trip

Student's Name: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Date of Birth: _____

During the trip the parents/guardians can be located at:

 (Name and relationship to student)

 (Name and relationship to student)

 Location and Address

 Location and Address

 Phone Number

 Phone Number

 Cell Phone

 Cell Phone

If above are unable to be located, please call:

 Name/Relationship

 Phone/Cell Phone

Medications routinely administered by the school nurse will be administered by the nurse on the field trip. Epinephrine Auto Injector Delegates (trained staff members) may also administer epinephrine if needed during the field trip.

Family/Primary Care Physician: _____ **Phone:** _____



I/we in the capacity of the parent or guardian of the above student hereby give permission for the medical treatment by a physician or hospital in the event of a medical or surgical emergency. Furthermore, I/we indemnify and hold harmless the Branchburg Board of Education and its employees or agents against any claims arising from such emergency actions.

Parent/Legal Guardian Signature: _____

Date: _____