INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **604.7.2.4.1P** Adopted **March 1982** Revised **October 2016**

Title **Overnight Field Trip – Student Medical Treatment Information and Permission**

Staff: *Attach additional field trip details as necessary*

Details and dates of overnight field trip: Band Camp - week of 7/29/19
+
Bad Town - week of 9/23/19

☐ If this box is checked, the field trip location/facility requires that you complete a separate **consent or waiver form** which is included and must be returned with this form.

Parent/Guardian: *Return completed form to your child's teacher by:* ____________

Student's name ____________ Grade ____________ Birthdate ____________

Student address (street, city, zip code) ____________

Parent or guardian name ____________ Email address ____________

Parent or guardian telephone number(s) with area code (home) ____________ (work) ____________ (cell) ____________

Name and telephone numbers of neighbor or relative ____________

Insurance provider ____________ Policy # ____________

Medical Information

☐ Yes ☐ No Does your child have **any** known allergies? If yes, what? ____________
☐ Yes ☐ No Does your child have an EpiPen?
☐ Yes ☐ No Does your child take medication? Please list:

Medication name ____________ Dose ____________ How often ____________ Reason ____________

Medication name ____________ Dose ____________ How often ____________ Reason ____________

*****Please remember to send all required medication in original container*****

☐ Yes ☐ No Does your child have any physical factors, surgeries (within the last year) or other health concerns that might affect your child's activity or would be necessary for a physician to know when caring for your child? Please list: ____________

Date of last tetanus shot (month/day/year) ____/____/____