



**NOTE: Must be completed for each student participating in a field trip requiring an overnight stay or outside a one-hundred-mile radius of the North East School District.**

**STUDENT/GROUP FIELD TRIP REQUEST MEDICAL RELEASE FORM**

I/We, \_\_\_\_\_ and \_\_\_\_\_,  
the parent(s) and/or guardian(s) of \_\_\_\_\_, a minor, have entrusted such minor  
to the care of \_\_\_\_\_, an adult, for the purpose of taking part in a  
North East District field trip \_\_\_\_\_  
To \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

In connection therewith, we authorize the above-referenced adult to consent to any ambulance or other emergency vehicle transportation, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the above-referenced minor under the general and special supervision, and on the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act of 1985, 63 P.S. SS422.1 et seq., or if in another state or country, the law governing the practice of medicine.

The following information is important in regard to the above-referenced consent:

- 1. Allergies: \_\_\_\_\_
- 2. Medications: \_\_\_\_\_
- 3. Name of Medical Insurance Company: \_\_\_\_\_
- 4. Policy Number: \_\_\_\_\_
- 5. Medical Problems: \_\_\_\_\_

If the parent(s) or guardian(s) cannot be reached in an emergency, the person to be contacted is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**ITINERARY FOR STUDENT GROUP FIELD TRIP**

**Name of Activity:** \_\_\_\_\_

**Coach or Advisor:** \_\_\_\_\_

Names and Phone Numbers of Students on Trip:

**Students**

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

**Continue on a separate sheet of paper if necessary and attach to this form.**

**Date and Time of Departure from North East:** \_\_\_\_\_

**Destination and Estimated time of Arrival:** \_\_\_\_\_  
**Planned Route of Travel to Destination:** \_\_\_\_\_  
**(Brief Description)** \_\_\_\_\_

**Date and Estimated Time of Departure for Return to North East:** \_\_\_\_\_

**Estimated Time of Arrival in North East:** \_\_\_\_\_

**Planned Route of Travel for Return to North East:** \_\_\_\_\_

**NOTE: Please make an individual copy of this form for each student to complete.**

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