

Lisbon Central School

STUDENT EMERGENCY MEDICAL RELEASE

The Connecticut State Law (General Statutes, Sec. 10-212A) requires a written order of a physician licensed to practice medicine in this or another state and the written authorization of a parent or guardian of such child for a school nurse or, in the absence of such nurse, the principal or any teacher to administer medications to any student.

Name of Student: _____ Grade: _____ Date: _____

Address: _____ Date of Birth: _____

Parent/Legal Guardian: _____ Home Phone: _____

Name and Date of Event: _____

In case of emergency numbers:

Father _____ Work Phone _____ Cell Phone _____

Mother _____ Work Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy Numbers _____

In the event it is impossible to reach parent/guardian, please list 2 other emergency contacts.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please list any allergies or substances to which your child is allergic, including bee stings, foods, penicillin, etc.

Please list any medications of **any type** your child will bring on this trip. (The "Authorization for the Administration of Medicine by School Personnel" form will need to be filled out, signed by a doctor and attached to this form.) All medication needed to be administered on this field trip is to be given to the teacher in charge. However, all epipens and inhalers (with a self-administration order signed by a doctor) may be carried by the student.

Please list any medical information we should know about your child, including bad asthma attacks, cramps, headaches, feet/arm problems, that might need extra attention. List anything you might think is important to insure the best trip possible for your child, **no matter how trivial or small.**

Parent/Guardian Authorization

In case of emergency, if family physician or parents cannot be reached, I hereby authorize _____ to be treated by another physician who is available.
(Student's Name)

I give the chaperones permission to administer first aid to my child and sign permission for medical treatment in case of emergency. I understand that they will act in the best interests of my child and will abide by their decisions. In accordance with the decisions made by the chaperones, I will not hold them responsible for any decisions they make.

Parent/Guardian Signature _____ Date _____