



## EMERGENCY CONTACT INFORMATION CLASS TRIP WAIVER 2011-2012

• Please complete one form for each child •

**STUDENT NAME:** \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

Phone numbers in order of accessibility (i.e. cell, work or home): 1. \_\_\_\_\_

2. \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

Phone numbers in order of accessibility (i.e. cell, work or home): 1. \_\_\_\_\_

2. \_\_\_\_\_

### EMERGENCY CONTACT IF PARENT NOT AVAILABLE:

**NAME:** \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_

Relationship to student \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

- Does your child have any allergies to food, medication or insects? How should we respond?

- Does your child take any medications?

Medical Insurance Provider: \_\_\_\_\_ Group or ID #: \_\_\_\_\_

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my son's/daughter's physician.

I give my child permission to go on educational field trips.

I authorize the use of my child's photos on the CBI website.

Parent name (print): \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_