



CARTER COUNTY SCHOOLS

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School-related student trip permission and medical release form

Student's Name _____
Last Name First Name Middle Initial

School _____ Grade _____ Homeroom/Classroom _____

- All in-state day school-related trips for the _____ school year; OR
 Field Trip Date(s) _____ Overnight In-State Trip Out-of State Trip

Destination _____ Alternate Destination, if applicable _____

Mode of Transportation _____ Cost to Student, if applicable \$ _____

*******Health and Medical Information*******

List Student's Allergies: _____

List Student's Health Conditions: _____

List all medications (prescription and over the counter--OTC) that student takes at home and during the school day. Include as-needed and emergency medications.

*Medication Name (on label or box)	Dose Ordered	Time(s) Ordered	**Does Student Carry and Self-Administer?

(Add additional information on the back of form if necessary)

*All medications must be in the original container. Medications not authorized for student to carry and administer must be given to the staff member designated to provide health services or the supervising teacher for proper storage.

**For student to carry and self-administer: Prescription meds must have written authorization of prescribing healthcare provider and OTC medications must have written approval of parent/guardian. All written authorizations must be attached to and stay with this consent form for quick reference during the field trip.

STUDENT HEALTHCARE PROVIDER: _____ TELEPHONE: _____

STUDENT'S HEALTH COVERAGE: _____

_____ (A copy of the student's health coverage/insurance may be attached if preferred.)

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s). All health information provided by me to the school for this field trip is correct and accurate to the best of my knowledge. I authorize school personnel to assist my child with his/her medication as my child's healthcare provider or I have directed if needed. In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school field trip form and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date

Please return this form to your child's teacher.