

PRINCETON PUBLIC SCHOOLS

STUDENT SERVICES • 25 VALLEY ROAD • PRINCETON, NJ 08540 • (609) 806-4206

Medical/Emergency Information for School Trip

Please complete the following in order to assist your child with any health problem and/or emergency.

1. Is the student presently under the care of a physician for any particular reason? Yes ___ No ___ If yes, please explain. _____

2. Is there any medical limitations or condition that would affect your child on this trip? If yes, please explain. _____

3. Is there any medication, including over-the-counter medications that your child needs to take while on this trip? Yes ___ No ___ If yes, what medication and for what reason? _____

Attached are consent forms for your doctor to fill out. Doctor's forms are to be returned to the school nurse as soon as possible, no later than two days before student leaves on the trip.

4. Does the student have any known allergies? Yes ___ No ___ If yes, please explain. _____

5. Date of last Tetanus Booster. _____

EMERGENCY INFORMATION

Student's Name _____ Date of Birth _____
Last First

Address _____ Home Phone _____

Father/Guardian _____ Home Phone _____ Work Phone _____

Mother/Guardian _____ Home Phone _____ Work Phone _____

If unable to reach parent/guardian in case of emergency, contact:

Name _____ Phone Number _____

Family Physician _____ Phone Number _____

In case of an accident or serious illness, I understand that the school will contact me. If the school is unable to reach me, the administrator in charge has my permission to obtain the services of a physician and/or hospital until I can be reached.

Insurance Company _____ Policy Number _____

Parent/Guardian Signature _____