FIELD TRIP & EMERGENCY PROCEDURE PERMIT
WAPAKONETA HIGH SCHOOL

Student's name: _____ Phone:_____

Address: _____

Parent/Guardian with whom child resides: _____

Who should be contacted if unable to reach family:_____

_____ Phone: _____

The chaperone on this tour does _____ does not _____ have my permission to take my child to the nearest hospital for emergency treatment.

The hospital or doctor not having access to the medical history of the child needs the following information:

Medication being taken currently: _____

Bleeder or Hemophilia: _____ Date of last Tetanus shot: _____

Physical Impairments (epilepsy): _____ (Heart) _____

Other pertinent information: _____

_____

Mark with an "X" any of the following conditions the child may have now or had previously.

_____ Allergies or Hay Fever (explain) _____

_____ Asthma _____

_____ Arthritis or Rheumatism _____

_____ Deafness or Hard of Hearing _____

_____ Diabetes (what are they taking) _____

_____ Heart Condition (explain) _____

_____ Loss of Vision (explain) _____

_____ Rheumatic Fever _____

_____ Skin Allergies (explain) _____

_____ Speech Impairment _____

_____ Spine or Back Injury _____

Parent/Guardian Signature: _____ Date: _____

Field Trip To: _____

Date of Field Trip: _____