

PHS CLIPPER BAND 2015-2016 DISNEY TRIP MEDICAL INFORMATION

Portsmouth High School, Performing Arts

EMERGENCY AUTHORIZATION/PERMISSION FORM

Class/Club on Trip: **PHS Band/Ensemble** Sponsoring Teacher/Advisor: **Gagnon / Cirillo / Randall**

Student Name: _____ DOB: _____ Grade: _____

Social Security #: _____

Address: _____

City/Town: _____ Zip: _____ Primary Phone: _____

-IN CASE OF EMERGENCY OR ILLNESS-

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician: _____ Phone: _____

Health Insurance Carrier: _____ Group/Policy #: _____

-MEDICAL INFORMATION-

- Ibuprofen or acetaminophen may be given? (check one) Yes No
- Student wears contact lenses? (check one) Yes No
- Date of most recent DPT (Diphtheria/Tetanus) Immunization booster: _____
- Allergies? (check one) Yes No (If yes, please specify) _____
- Medication(s) taken regularly; please specify _____
- Other medical problem(s); please specify: _____

In case of medical emergency, in the event that I/we cannot be reached, I/we authorize a representative of the department to procure and consent to any medical examination, diagnostic process or course of treatment, including transportation and hospital care, to be rendered to my/our child by or under the supervision of any duly licensed health care provider. A copy of this authorization is to be accepted as valid as the original. I/we understand that the information herein may be necessary by the School Department.

Parent/Guardian Signature: _____ Date: _____

I/we understand that the Portsmouth School Department does not provide personal or health insurance for students. The Portsmouth School Department carriers are required to maintain liability insurance. Parents and volunteers who transport students in their private vehicles are required to provide the Portsmouth School Department with proof of insurance. In arranging transportation or medical treatment in an emergency, the Portsmouth School Department does not assume financial liability for the student's medical care. I/we understand that the information provided herein may be used as necessary by the Portsmouth School Department.

Parent/Guardian Signature: _____ Date: _____