

## Hilliard Middle Schools Washington D.C. Emergency Form

*To be filled in full by parent or guardian*

Student Name:	D.O.B.	Age	Sex
Parent /Guardian Name:		Home Phone	
Cell Phone:		Work Home:	
Home Address:			
Alternate contact in case of emergency:			

*Name*

*Relationship*

Home Phone:

Cell Phone:

Health History: Please check all that apply and indicate degree of severity and current treatment and dates on the lines below:

Asthma		Chicken Pox		Penicillin Allergy	
Sleepwalking		Diabetes		Neosporin Allergy	
Seizures		Bedwetting		Other Drug Allergy	
Behavior				Food Allergy	
Dietary Restrictions:					

Explanation of above Health History:

Please tell us about any specific allergies and reactions, other than food allergies. Please include treatment requests and concerns:

Date of most recent Tetanus Booster:

Is your child bringing any prescription or over-the-counter medication to the Washington D.C. Trip? (Circle one) **YES** **NO**

Each prescription medication requires a separate Physician's Medication Procedure Form

Attach a separate piece of paper with additional instructions, if needed.

Medicine	Dosage	Time Administered (or as needed)

During the Washington D.C. trip with [WMS, HMS, MMS] any medication needed by your child/our student, will be self administered by your child/our student without interference or supervision from the teachers/adults on the trip. IT IS THE SOLE RESPONSIBILITY OF YOUR CHILD TO TAKE ANY REQUIRED MEDICATION.

Parent Signature: \_\_\_\_\_

Please list any medications your child takes that they are NOT bringing to Washington D.C. \_\_\_\_\_

**PLEASE FILL OUT OTHER SIDE**

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**Insurance Information:**

Please fill all spaces that apply.

Name of Insurance Carrier:	
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Address:	
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Phone Number:		
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Member Name:		ID Number:	
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Group or Plan Number	
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OR, please attach a copy of both sides of your Insurance Card, if available.

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**Parent's Authorization:**

The information on this form is correct and complete so far as I know. The person described herein has permission to participate in all Washington D.C. activities. In the event I cannot be reached in an EMERGENCY, I hereby give permission for Hilliard Middle Schools to transport my child to an Emergency Room, and in the same event, I also give permission to the physician selected by the Hilliard Middle School Administration to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child as named above.

I understand that my child may be photographed during the Hilliard Middle School Washington D.C. trip, and hereby give my permission to Hilliard Middle Schools to use these photographs for public.

Signature of Parent/Guardian:	
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Date:	
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