

**BURLINGTON COUNTY INSTITUTE OF TECHNOLOGY
MEDFORD CAMPUS**

STUDENT'S MEDICAL AUTHORIZATION CONSENT FORM

In accordance with accepted guidelines for field trip programs, it is necessary that **ALL** students have adequate provision for the possibility of a medical emergency arising during their attendance on a field trip. The information that you provide for us below will assist the school district in helping it's students secure medical care should it become necessary.

THIS INFORMATION IS REQUIRED!

INSURANCE: If covered by medical insurance, please indicate below.

NAME OF INSURANCE COMPANY _____ **POLICY NUMBER** _____

NAME AND ADDRESS OF FAMILY PHYSICIAN:

PHYSICIAN'S NAME _____ **TELEPHONE NUMBER** _____

ADDRESS, CITY, STATE & ZIP CODE _____

STUDENT DRUG SENSITIVITIES: The student is known to react unfavorably or is allergic to:

FOODS (if any) _____ **DRUGS (if any)** _____

ANY OTHER MEDICAL PROBLEMS _____

Please state the name of any prescription(s) that your child may be bringing on the trip and the reason for the prescription(s).

PRESCRIPTION(S) _____ **REASON** _____

MEDICAL CONSENT/AUTHORIZATION: It is the understanding of this student and respective parent(s)/guardian(s) that in the event a medical emergency should arise requiring medical care to be administered immediately, the student and respective parent(s)/guardian(s) authorize that such emergency medical treatment shall be given and consent to such treatment at a hospital or other health care provider.

The undersigned have read the above and declare and affirm that they consent to the contents herein stated.

(STUDENT NAME – PLEASE PRINT)

Parent(s)/Guardian(s) Signature

Work Telephone Number (required)

Student's Signature

Home Telephone Number (required)

Student's Social Security Number (required)

Cell Phone Number

Today's Date