

Giles County Public Schools

**FIELD TRIPS / MEDICAL PERMISSION FORM
Summer Exploration Program 2017**

This form must be completed and filed with the Giles County Public Schools before any student may participate in the activities and/or field trips involved with the Giles County Public School system.

As legal guardian, I give permission for _____ to participate in the activities and field trips of
GilesCounty Public Schools. Student's (Full Name)

(Date) (Signature) (Relationship to Student)

Student Information:

Full Legal Name: _____ Birth date: _____
First Middle Last

Age: _____ Grade (in 2016-17): _____ School: _____

Nearest of Kin:

Name: _____ Home Telephone: _____

Home Address: _____

Business Address: _____ Occupation: _____

Business Phone: _____ Working Hours/Days: _____

Hospitalization/Insurance:

Company: _____ Policy #: _____ Group Name: _____

Medical: _____ Surgical: _____ Accident: _____

Family Physician:

Name: _____ Address: _____ Phone: _____

Current Medication(s) Taken: _____ Dosage(s): _____

Known Allergies: _____

Please list any other medical information you feel may be needed: _____

Medical Treatment Permission:

I consent for a qualified physician to perform any medical/surgical procedure(s) deemed advisable to the welfare of this applicant while the above mentioned student is participating in activities or traveling with the Giles County Public Schools. While I realize that the Giles County Public Schools staff will notify me as soon as possible, I realize that such treatment(s) may take place while an attempt is being made to notify me. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general, or both) and/or surgery for this applicant.

The undersigned does hereby assume and agree to pay any indebtedness or physician's and/or surgeon's fees and hospital charges for such service(s).

Date: _____ Signature: _____ Relationship to Student: _____

Date: _____ Signature: _____ Relationship to Student: _____