

**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: \_\_\_\_\_