

Generic Medical Waiver Form

Student Field Trips

Student Name

Date of Birth

 MM/DD/YYYY

School Name

Field Trip Destination

Date of Field Trip

 MM/DD/YYYY

Medical Information

List any known allergies

Current medications

Medical conditions or special needs

Primary Physician Name/Contact

Emergency Contact Name

Emergency Contact Phone

Medical Waiver and Authorization

I, the undersigned parent or guardian, hereby authorize appropriate medical treatment for my child in the event of injury or illness during the above mentioned school field trip. I understand that attempts will be made to contact me should emergency medical care be necessary. I waive and release the school, its employees, agents, and volunteers from all liability for any injury or illness that may occur during the trip, except in case of gross negligence.

Parent/Guardian Name

Signature

Date