

**Queen Creek Unified School District
Field Trip Medical Release Form**

Name and date of field trip _____

My signature below indicated that I have read the information contained in this document and any attachments, and

that my child _____ may accompany the
(Name of Child)

_____ on the field trip noted above.
(Class, Grade or Group)

_____ My Child will need to be given medication during the field trip.

_____ Be advised that my child has a medical condition that I need to be contacted about.

_____ I would like to help chaperone. (no siblings please)

I understand the District's liability insurance only covers injury if negligence is proven against the School District; and that in other circumstances, the student health insurance will provide coverage.

Medical Release

I, undersigned Parent/Guardian of the above student grant to any medical doctor or hospital my consent and authorization to render aid, treatment or care to said student that, in the judgment of such doctor or hospital, may be required on an emergency basis. This consent/authorization is stricken ill when a participant in activity sponsored or sanctioned by Queen Creek School District#95 and or Arizona Interscholastic Association, Inc.

**Parent/Legal Guardian Emergency Contact Form,
(Please Print)**

Name _____

Home Address _____

Home Phone _____ Cell Phone #1 _____ Cell Phone #2 _____

Work Number #1 _____ Work Number #2 _____

Signature of Parent/Legal Guardian _____

Date _____

Note: This page is to be returned to the teacher in charge of the trip, and take by the teacher on the filed trip.

School Contact/Emergency Number _____

**Queen Creek Unified School District
Medication Record for Field Trips**

All medications must be given to the teacher/sponsor in the original container labeled with the student's name,

Student Name _____

1st Medication _____

Dosage _____

Time (s) to be given _____ / _____ / _____ OR as needed, per bottle or inhaler directions

To be Completed by teacher/sponsor:

	Date	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									

2nd Medication _____

Dosage _____

Time (s) to be given _____ / _____ / _____ OR as needed, per bottle or inhaler directions

To be Completed by teacher/sponsor:

	Date	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									

3rd Medication _____

Dosage _____

Time (s) to be given _____ / _____ / _____ OR as needed, per bottle or inhaler directions

To be Completed by teacher/sponsor:

	Date	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature	Time	Given By: Teacher Signature
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									