

FIELD TRIP/ACTIVITIES PERMISSION FORM

As a parent or legal guardian of a student enrolled in the Bartlesville Public Schools, I understand my child will not be allowed to participate in field trips or class excursions without appropriate documentation of parental permission on file with school officials. Therefore, I grant permission for _____ to participate in field trips/excursions supervised by school officials during the school year. I do hereby authorize any X-ray examinations, anesthetic, dental, medical, surgical diagnosis, or treatment by any physician or dentist licensed by the state in which the field/excursion occurs and hospital service that maybe rendered to the above named student under general, specific, or special consent of supervising school officials should such medical or dental treatment be deemed necessary by supervising school officials.

Date _____

Parent/Guardian Signature _____

MEDICAL DATA

Student's Name _____

Birthdate _____

Grade _____ Sex _____

Teacher _____

Mother's Name _____

Work Phone _____

Cell Phone _____

Father's Name _____

Work Phone _____

Cell Phone _____

Family Doctor _____

Phone _____

My Child is allergic to: _____

Medication my child takes daily: _____

My child is currently under medical treatment: Yes__ No__ If yes, list reason: _____

My child has been treated by a physician during the past 36 months for the following (Please Check):

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Severe Heachaches |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Other(Please Specify) | |

Date of last tetanus injection: _____

Any other health problems or comments: _____

