

**EMERGENCY INFORMATION/INFORMED CONSENT FORM
FOR OVERNIGHT TRIPS**

****Attention Parents-this form is to be used in the event of an emergency and is not reviewed by TKA faculty/staff prior to overnight trips. If your child has a medical condition that requires special treatment or monitoring during any overnight field trips, please plan to meet with the chaperone and/or the school nurse and inform them of your child's needs. This would include any medication that will need to be given to your child by a chaperone during the trip.**

Medical/Emergency Information

Student Name: _____ DOB: _____
Parent/Guardian: _____ Phone: _____
Family Physician: _____ Phone: _____

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted: Name/Relationship _____ Phone: _____

Does the student have any medical, physical conditions, or concerns that could possibly interfere with the student's safety? Yes__ No__

If yes, please describe:

My child has the following health conditions:

Hospitalizations: No__ Yes__ If Yes, please explain _____
Heart Difficulties: No__ Yes__ If Yes, Please explain _____
Chronic Illness: No__ Yes__ If Yes, Please explain _____
Surgeries: No__ Yes__ If Yes, Please explain _____
Handicaps: No__ Yes__ If Yes, Please explain _____
Seizures: No__ Yes__ If Yes, Please explain _____
Diabetes: No__ Yes__ If Yes, Please explain _____
Asthma: No__ Yes__ If Yes, Please explain _____
Other Not Listed: No__ Yes__ If Yes, Please explain _____

MEDICATIONS:

Please list all medications, (prescription and over the counter) that student takes daily.

Please list the medical reason for medication and authorized prescriber.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

ALLERGIES:

Please list any medication, food, and environmental allergies AND treatment

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Informed consent:

In case my child becomes ill or is injured while under school supervision, I authorize a representative of The King's Academy to transport my child to a doctor's office, hospital or emergency room, and to request and secure medical, dental ,or surgical services for my child as deemed necessary by a licensed physician or dentist. If, in the opinion of a licensed physician or dentist, my child needs medical, dental or surgical services that would require my consent before being supplied and I cannot be reached at the phone number(s) listed on the medical form, I hereby authorize, appoint and empower The King's Academy representative to furnish on my behalf such written and oral authorizations as may be required. Further, I release The King's Academy and its representatives and TEPC from any liability that might arise from the giving of such authorization, it being my desire that my child be furnished with such medical, dental or surgical services as soon as reasonably possible after the need arises.

____ I understand that if my child needs to take medication during the trip that I must bring it to the chaperone and give written instructions of how it should be administered. All medication must be in the original labeled container or original labeled prescription bottle with the appropriate student name, medication name and dosage of medication. I understand that my child's medications will remain with the school chaperone during the trip. I release The King's Academy and its representatives from any liability that might arise from the giving of such authorization.

The information on this medical form is complete and accurate.

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____ Date: _____