

Plainview-Old Bethpage Central School District
Howard B. Mattlin Middle School
Medical Emergency Information Field Trip Form

Student's Name: _____

Parent/Guardian Name: _____

Daytime Phone: _____

Cell Phone: _____

Emergency Contact Person: _____

Daytime Phone: _____

Cell Phone: _____

Student's Medical Insurance Carrier: _____

Policy Number: _____

Please list all allergies and indicate if medication is necessary (ie: epi pens).

Please list any health or dietary conditions requiring special consideration (ie: asthma, diabetes, gluten free).

Please list all medications prescribed by your child's physician(s).

Please attach written orders from the prescribing physician regarding each of the medications indicated above.

Parent/Guardian Signature: _____ Date: _____

This form must be completed and returned by Friday, February 3, 2017. Please provide updated information if anything changes prior to the field trip on May 11-12, 2017.