



# All Saints School

## Field Trip Medication Form

<b>Student Name:</b> _____		<b>Class:</b> _____	
<b>Date of Birth:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Allergies</b> (food, drugs, insects, etc): _____			
<b>Medicine Name:</b>	<b>Dosage Amount:</b>	<b>Time of Day:</b>	<b>Permission on file? (yes/no):</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Emergency Contact Information

<b>In case of emergency, please notify:</b>	
<b>Parent/Guardian:</b> _____	
<b>Primary phone:</b> _____	<b>Secondary phone:</b> _____
<b>Student's Doctor:</b> _____	<b>Doctor's phone:</b> _____
<b>Insurance Carrier:</b> _____	<b>Group ID#:</b> _____

I hereby certify that the above information is correct, and I authorize the All Saints faculty and staff of the Archdiocese of Portland and its employees or chaperones to secure all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date