



HUDSON CITY SCHOOL DISTRICT EXTRACURRICULAR/CO-CURRICULAR TRIP MEDICAL INFORMATION FORM

Medical Information for _____
(Name of Student)

Facts concerning the student's medical history to which medical staff should be alerted:

Medical diagnosis (e.g. asthma, diabetes...) _____

Allergies (food, meds, bees) _____

Physical impairments: _____

Medications taken regularly: _____

Date of last tetanus shot ____/____/____

* While attending extracurricular/co-curricular overnight trips only, I give my permission for authorized school personnel to supply, store, and administer the following nonprescription medication to my child at the dosage indicated on the manufacturer's packaging for the child's age and/or weight.

Please circle:	Ibuprophen 200 mg.	1 tablet	2 tablets
	Acetaminophen 325 mg.	1 tablet	2 tablets

PARENT SIGNATURE: _____

Please note: All other medications must have school district forms completed with physician and parent signatures.

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

SPECIALIST _____ PHONE _____

I hereby give my consent, in the event that all reasonable attempts have been made to contact me at my home or my place of employment have been unsuccessful, for the administration of any treatment deemed necessary by any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

PARENT/GUARDIAN SIGNATURE _____

Date _____