



Oak Ridge Schools – Emergency Treatment Authorization Form

Required for Over-Night Field Trip

Many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so if your child requires a visit to the hospital while under the supervision of the school, this will allow the medical facility to treat the injury.

Student Name: _____

Sex: M ____ F ____ **Grade:** _____ **Age:** _____ **Date of Birth (MM/DD/YYYY):** _____

Mother's Name: _____ **Father's Name:** _____

Home/Cell Phone: _____ **Home/Cell Phone:** _____

Mother's Home Address: _____ **Father's Home Address:** _____

Mother's Work Address: _____ **Father's Work Address:** _____

Work Phone: _____ **Work Phone:** _____

Other Person to Contact: _____

Relationship: _____ **Contact Number:** _____

Insurance Name: _____

Policy Number: _____ **Group Number:** _____

Family Physician: _____ **Phone:** _____

Please provide any information about medical problems chaperones should be aware of (prescription drugs to be taken, diabetes, allergies, etc...) _____

In case of an emergency, the sponsors have my authorization to obtain emergency medical aid.
If possible, both parents should sign.

Parent Signature

Parent Signature

Student Signature (if over 18)