

Oyster Bay-East Norwich Central School District

Field Trip Medical Release

The undersigned recognizes that emergency medical treatment, including surgery, may become necessary for my child during school field trips. If such treatment becomes necessary in the opinion of competent medical authority, I understand that reasonable efforts will be used to notify me at once. If I am not notified, or if the emergency is such that there is insufficient time to attempt to notify me, I hereby grant permission to the OB-EN CSD, its agent of agents, to authorize such medical treatment, including surgical procedures, as shall be deemed necessary for the health and well-being of my child. I certify that my child is physically able to participate in the trip.

Parent/Guardian Signature

Home Phone

Cell Number

Cell Number

Student has insurance coverage with (company) _____

Policy or ID Number _____

Family Doctor _____ Phone _____

Date of last Tetanus Booster _____

Please list all medications student will be taking during trip

Allergies _____

Other Health Concerns that we should know about _____ Yes _____ No
Please Explain

If I cannot be reached by phone, please call:

Name _____ Relationship _____

Telephone number(s) _____

**ALL MEDICATIONS MUST BE PROVIDED IN THE ORIGINAL
BOTTLE/CONTAINER WITH CHILDS'S NAME AND CLEAR INSTRUCTIONS ON
ADMINISTRATION**

High School Nurse – 516-624-6541
Fax – 516-624-7314

Vernon Nurse – 516-624-6565
Fax – 516-624-2024

Roosevelt Nurse – 516-624-6575
Fax – 516-624-6591