

**SCHOOL DISTRICT OF NEW LONDON
EMERGENCY/FIELD TRIP INFORMATION**

Please fill in any missing information and/or make any necessary changes on this form and return it at the time of registration.

Student's Name	Grade	School
Home Address	Home Phone #	Birth date
Parent/Guardian Name	Employer's Name/Address	
Parent/Guardian Cell Phone #	Work Phone #	
Parent/Guardian Name	Employer's Name/Address	
Parent/Guardian Cell Phone #	Work Phone #	
Student's Physician	Physician's Phone #	
Student's Dentist	Dentist's Phone #	
If parents cannot be reached, please contact:	Contact's Phone #	
If parents cannot be reached, please contact:	Contact's Phone #	
ALLERGIES		
FOOD		
MEDICATIONS		
OTHER		
Is your child currently taking any medications or under a doctor's care? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Medication	Dosage	
Medication	Dosage	
Medication	Dosage	
Date of last Tetanus Booster:		
List any health concerns:		
Health History: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Orthopedic Problems <input type="checkbox"/> Other (specify)		
Does your child have any chronic conditions that could affect school performance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify:		
INSURANCE INFORMATION		
Insurance Company: «Insurance_Co»		Policy Number: «Policy_»
School officials have my/our permission to transport or secure emergency medical treatment for my/our child in case of illness or accident if I/we cannot first be contacted. I/We agree to accept financial responsibility in excess of the benefits allowed by my/our Health Insurance Plan.		
Parent/Guardian Signature: _____ Date: _____		