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 _____

Primary Phone (____)____-_____

Birth date ____/____/_____

STUDENT'S PRIMARY RESIDENCE:
Home Address:_____ PO Box:_____
City: _____Zip: _____ Primary Phone: (_____)_____-_____

Guardian #1 Full Name: _____ Relationship:_____ Cell Phone: (___) ___-____
E-mail:_____ Employer:_____ Employer Phone: (___) ___-____

Guardian #2 Full Name: _____ Relationship:_____ Cell Phone: (___)___-____
E-mail: _____ Employer:_____ Employer Phone: (___)___-____

SECOND HOUSEHOLD (If different from primary):
Home Address:_____ PO Box:_____
City: _____Zip: _____ Primary Phone: (_____)_____-_____

Guardian #1 Full Name: _____ Relationship:_____ Cell Phone: (___) ___-____
E-mail:_____ Employer:_____ Employer Phone: (___) ___-____

Guardian #2 Full Name: _____ Relationship:_____ Cell Phone: (___)___-____
E-mail: _____ Employer:_____ Employer Phone: (___)___-____

Student's Physician	Physician's Phone #
Student's Dentist	Dentist's Phone #
Emergency Contact #1 :	#1 Contact's Phone #'s 1st Phone # 2nd Phone #
Emergency Contact #2 :	#2 Contact's Phone #'s 1st Phone # 2nd Phone #

LIST ALLERGIES (i.e. food, medications, other)

Is your child currently taking any medications or under a doctor's care? ☐ Yes ☐ No

List Medication(s) & Dosage(s)

Date of last Tetanus Booster-Td: / / or Tdap: / /

Does your child have any health concerns/chronic condition? ☐ Yes ☐ No
If yes, please specify:

Health History: ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Cardiac Problems ☐ Orthopedic Problems ☐ Other

INSURANCE INFORMATION
Insurance Company: Policy Number:

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

Please sign that all above information is correct to the best of your knowledge.

Parent/Guardian Signature: _____ **Date:** _____