

**SOUTH LAKE HIGH SCHOOL
FIELD TRIP HEALTH AND ACCIDENT FORM**

PLEASE PRINT ALL INFORMATION

Name of Student: _____

Address: _____

City: _____

Phone #: _____

Emergency telephone number where parents can be reached: _____

Father or legal guardian: _____

Mother or legal guardian: _____

Other relative: _____

List any disabilities: _____

List all medication's student is taking: _____

List all allergies: _____

In case of a serious medical emergency the student will be transported to the nearest medical facility with expenses charged to the parent.

Medical Insurance Carrier: _____

Policy numbers: _____

Group number: _____

Policy Holder's full name: _____