

New Hanover County Schools
Field Trip and Medical Form for Recurring Trips

I give permission for my student, _____ (full name of student) to travel with Eugene Ashley High School during this school year to for recurring trips with the Drone Technology.

Student will travel to field sites to participate in hands on activities directly related to Drone Technology. They should wear closed toed shoes at all times and dress appropriately for the activity and weather.

General Information

Student's Full Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent/ Guardian: _____ Cell phone: _____

Email: _____ Home Phone: _____

Family Physician: _____ Phone: _____

In case of emergency contact: _____

Relationship to student: _____ Phone: _____

Insurance Co: _____ Policy #: _____

Medical Information

Known drug allergies/ anesthesia allergy: _____

Other known allergies: _____

List any medical conditions or special health problem _____

Medications currently in use: _____

Last date of tetanus/ booster: _____

It is the responsibility of the parent/ guardian to advise staff or teacher of special health care needs and medications your child needs to take of field trips.

In the event of an emergency I authorize personnel to examine my child and administer emergency care as deemed necessary and transport my child in a personal vehicle. I give permission for my student to receive treatment in the case of an emergency if I am unable to be reached.

Parent/ Guardian Signature: _____ Date: _____