

HAUPPAUGE HIGH SCHOOL

Health/Emergency Information

Hartford Robotics Trip March 13-16 , 2008

I authorize the Trip Coordinator or designee to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of accident or illness and I will provide for the payment of these costs.

In the event of a medical emergency, the procedure will be to call the parent/guardian, time permitting, before taking the student to a doctor or hospital. However, when neither parent can be reached, the following will permit prompt treatment.

We/I hereby give permission to the Trip Coordinator or designee to sign any consents which may be necessary to allow hospital personnel and/or a licensed physician to examine my/our child and perform any emergency procedures, treatment or surgery which may be necessary and to consent to the administration of any drugs or medication necessary to such emergency care.

My/our child is allergic to the following drugs and/or medications (if none, so state):

My/our child is allergic to the following foods (if none, so state):

I grant permission to my son/daughter to take the following over-the-counter medication (Tylenol, Advil, etc.):

Please list all prescribed medications (including dosage and frequency): _____

Family Doctor's Name _____ Doctor's Phone # _____

Insurance Company _____ Policy Number _____

Primary Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student Name (Please print clearly)

Student's Cell Phone #

Parent/Guardian Signature

Date