

Due 12/02/22 (4 pgs.)

MEDICAL INFORMATION AND AUTHORIZATION FOR OVERNIGHT FIELD TRIP

NAME OF STUDENT: _____
Last First

HOME ADDRESS: _____

MEDICAL INSURANCE

(Please list Insurance Company and Policy Code or Identification Number)

Primary Insurance _____

Secondary Insurance _____

PHONE NUMBERS/REACH NUMBERS FOR PARENTS OR GUARDIANS

(Please include home number, work numbers and cell phone numbers)

Name of Parent/Guardian _____

Phone numbers _____

Name of Parent/Guardian _____

Phone numbers _____

MEDICAL CONDITIONS/ MEDICATIONS

Please list ALL Medical Conditions (use extra pages, if necessary)

Please list ALL Medications (use extra pages, if necessary)

ALLERGIES

I am eighteen (18) years of age or older, have read the above Release of Information Authorization and confirm that the information contained therein is true and accurate.

Signature of Student Date: _____, 20__

Sworn to and subscribed
before me this
day of _____, 20__

Notary Public

EMERGENCY MEDICAL AUTHORIZATION

Parent/Guardian

I, the undersigned, do hereby authorize North Hunterdon-Voorhees Regional High School District (the "District") and its agents or representatives, to consent, on mine and my child's behalf, to any medical/hospital care or treatment (including at locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. I release the District and all of its employees, representatives and agents from all liability and any claim whatsoever that may arise in any court in relation to this authorization or any treatment provided.

The effective dates of this authorization are _____ to _____.
(date of departure) (date of return)

Signature of Parent/Guardian Date: _____, 20__

Signature of Parent/Guardian Date: _____, 20__

Sworn to and subscribed
before me this
day of _____, 20__

Notary Public

Student over the age of 18 (student must sign if 18 years in age or older)

I am eighteen (18) years of age or older, have read the above Emergency Medical Authorization and confirm that the information contained therein is true and accurate.

_____ Date: _____, 20__
Signature of Student

Sworn to and subscribed
before me this
day of _____, 20__

Notary Public

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