Jordan School District

Medical and Insurance Information
Parent Consent for Student Travel and Medical Treatment

Student Name _____
Last First MI

Home Address _____ Hm Ph: _____

Parent/Guardian _____ Wk Ph: _____ Cell Ph: _____

Local Relative/Neighbor _____ Phone: _____

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state _____

_____

List special medical problems. If none, so state _____

_____

List any medication(s) the student is presently taking and the purpose. If none, so state _____

_____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____ Phone #: _____

Policy # _____ Group/Plan # _____

Current Physician _____ Phone #: _____

Please attach a copy of your medical insurance identification card.

***If you do not have medical insurance coverage** please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

*Signature of responsible party: _____ Relationship to student _____

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, the undersigned, being the parent or the legal guardian of _____ DOB _____ hereby grant permission for the above named student to travel to _____ with _____ during (dates) _____ and hereby grant authorization to the supervisor(s) or chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.

_____ _____ _____

Signature of person giving consent Date Relationship to student

State of Utah
County of Salt Lake

On _____, 20____, _____ personally appeared before me,

_____who is personally known to me

_____whose identity I proved on the basis of _____

_____whose identity I proved on the oath/affirmation of _____

to be the signer of the above document, and he/she acknowledged that he/she signed it.

_____

Notary Public

Revised 9/22/2015