

DURHAM PUBLIC SCHOOLS
MEDICAL PERMISSION FORM
(Teacher must take this form on the trip)

STUDENT: _____ DATE OF TRIP: _____

Permission is hereby granted to Durham Public Schools and its authorized representatives, in the unlikely event they are needed, to initiate emergency medical and rehabilitation treatment of injuries, and authorize any needed medical services including, but not limited to, minor surgical treatment, x-rays, authorized medicines and shots, examination by qualified medical personnel. In the event of a serious illness or injury, and/or major medical treatment is required, I understand that every attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to contact me, and the medical treatment is in the best interest of my child, then I give permission for the treatment.

My child will need the following medications taken on the trip:

My child has the following medical conditions that need to be monitored:

Primary medical contact and emergency phone numbers:

Secondary medical contact and emergency phone numbers:

Parent /Guardian Signature: _____ Date: _____