

**YHS MUSIC DEPARTMENT FIELD TRIP MEDICAL FORM
HERSHEY FESTIVAL TRIP ~ SATURDAY MAY 20, 2023**

Student Name _____ Birthday _____

Student Cell Phone #: _____

Parent Name _____

Address _____

Phone #'s: H _____ W _____ Cell _____

Emergency Contact if parent not able to be reached:

Name _____ Phone #: _____

Relationship _____

Dr.'s Name _____ Phone #: _____

Medication Used/Dosage:

**All medications must be carried in their designated prescription containers.
It is suggested that a duplicate prescription be carried.**

Medical Conditions/Allergies:

Insurance Co. _____ ID #: _____

**All students must carry a copy of their Medical Insurance ID card on their person.
PLEASE ALSO ATTACH A XEROX COPY (FRONT AND BACK) TO THIS FORM.**

In the event of a medical emergency the parent or guardian listed will be notified by the district chaperone. Should the chaperone be unable to reach the student's parent or guardian at the telephone numbers designated above, the district chaperone is hereby authorized to engage the services of a licensed medical doctor to provide such medical care as may be necessary.

Parent Signature _____ Date _____
