

INDEPENDENT SCHOOL DISTRICT 276  
Minnetonka High School Activities Department  
Minnetonka, MN 55345

Overnight Field Trip – Student Medical Treatment Information and Permission Form

Coach/Advisor to complete prior to handing out:

Sport/Activity: Boy's Trip Dates: Aug 24-27, 2023 Destination: Battle Lake, MN  
CROSS Lodging: Faith Haven Camp Contact Number: 218-864-5303  
COUNTRY Coaches/Advisor Contact Number 952-217-3731

Parent or Guardian to complete:

Student's name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or guardian name \_\_\_\_\_ Address, if  
different from student \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) Cell  
Phone Home Phone Work Phone

Emergency contact other than parent \_\_\_\_\_  
Name Phone

Healthcare agency \_\_\_\_\_ Ins. Policy # \_\_\_\_\_

**Medical Information**

Any known allergies (including drug allergies or severe allergies to animals, foods or other substances)?  
If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Medication student is presently taking \_\_\_\_\_ How  
often \_\_\_\_\_  
Reason \_\_\_\_\_

List any physical factors that might affect student's activity or would be necessary for a physician to  
know when caring for your student/child  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Permission**

I give my student/child full permission to participate in this trip. \_\_\_\_\_ parent/  
guardian signature Date

If an emergency arises, it might be necessary to seek care for your student before staff can contact you. Such care can be  
provided only if you sign the authorization below. Either the authorization or a statement of the reason for not allowing it  
should accompany this health form.

In case of minor illness or injury, I, \_\_\_\_\_, of  
\_\_\_\_\_, parent or guardian student/child

give my permission for the supervisor of my student/child to administer necessary treatment and/or first aid. In case of  
an emergency, I hereby authorize the official representative of my student's/child's school or the person in charge of the  
program to permit a physician/hospital to administer emergency or surgical care, and I further authorize any licensed  
physician, medical facility or trained emergency technician to administer emergency or surgical care.

\_\_\_\_\_  
Signature of parent or guardian Date