



BENSALEM TOWNSHIP SCHOOL DISTRICT

DOROTHY D. CALL ADMINISTRATIVE CENTER
3000 DONALLEN DRIVE BENSALEM, PA 19020

School Trip Notarized Medical Form

School Year: _____

Grade: _____

In order for your son or daughter to be treated in an emergency by medical personnel while on the school trip, it is required that this form be completed, notarized and returned to school as soon as possible.

THIS FORM WILL NOT BE ACCEPTED IF IT IS NOT NOTARIZED

Please print the following information:

Student Name _____

Insurance Carrier _____

Parent Name _____

ID/Group# _____

Address _____

Health Care Provider name/phone: _____

Phone (home) _____

Allergies (medications, food, insects) _____

(work) _____

Date of last tetanus shot _____

(cell/other) _____

List known medical problems: _____

List any prescribed medications to be taken on the trip,
dose, times:

Other medications/supplements: _____

I give permission for my child to receive Tylenol (acetaminophen) according to school district policy Yes___ No___

I give permission for my child to receive Benadryl according to school district policy Yes___ No___

I give permission for my child to receive Tums according to school district policy Yes___ No___

I hereby authorize the physicians/emergency personnel at the closest/nearby emergency room/medical facility to admit/treat my child in case of emergency, and to administer whatever care the physicians feel necessary at the time. It is understood that the hospital will attempt to contact me prior to any treatment, although should treatment be urgent for recovery, you have my permission to begin treatment.

Signature (Parent/or guardian)

Date



Notary Seal