



To be translated into student's home language
**CAMBRIDGE PUBLIC SCHOOLS MEDICAL INFORMATION FORM IN
CONNECTION WITH FIELD TRIP**

_____ has the following medical problem(s) of which (Student Name) the Trip Leader should be aware (e.g., asthma, medication must be taken twice daily): The following are the medications or foods or other items to which my child is allergic:

Insurance Company: _____ Policy Number: _____

Company holder is employed by: _____

My child needs to take the following medications or epinephrine in the manner specified below:

I agree to work with the school nurse prior to the field trip to establish a medication administration plan for my child. I also expressly consent to the school personnel who will be on the field trip and who have been trained in the administration of medications and epinephrine to administer the required medication to my child. In the event of illness or injury to my child while on this field trip, I expressly consent to the administration of the Cambridge Public Schools and their authorized agents seeking, obtaining and authorizing the administration of medical treatment for my child, and, if necessary, transporting my child to a medical facility for treatment. I understand and acknowledge that I will bear the sole cost and expense for any medical treatment that my child may receive. Further, I expressly authorize the Cambridge Public Schools and their authorized agents to act on my behalf as parent/guardian/caregiver of my child while participating in this field trip. I have read this Medical Information Form in Connection with Field Trips and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian/Caregiver

Date

Print Name of Parent/Guardian/Caregiver