

LA CONNER SCHOOL DISTRICT #311 - STUDENT MEDICAL RELEASE

I have read the emergency procedures and general expectations/rules provided (attached) by the La Conner School District and request that, in the event of an emergency, medical care be obtained for my child, _____, during the following extra-curricular event/field trip/Senior Class trip:

Trip: _____

Destination: _____

I further understand that La Conner School District staff will remain with my ill/injured student until I, or my authorized designee can be present. I authorize the following emergency contact, in my absence, to make decisions regarding the care of my student:

Name _____

Contact Number(s): _____

I also provide the following information:

Family Doctor: _____

Contact Number: _____

Known health issues/drug allergies/prescriptions for my child:

My contact numbers are:

Home: _____ Cell: _____

Work: _____ Other: _____

Parent Name (please print): _____

Signature: _____

Date: _____