

LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT  
Student Field Trip Authorization  
Emergency Medical Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Health Concerns/ Allergies: \_\_\_\_\_

Medications taken at home: \_\_\_\_\_

Medications your student may need on the field trip:

1. \_\_\_\_\_  
In Health Office      Parent will provide medication and Medication Consent Form  
(required for prescription and over the counter medications)
2. \_\_\_\_\_  
In Health Office      Parent will provide medication and Medication Consent Form  
(required for prescription and over the counter medications)
3. \_\_\_\_\_  
In Health Office      Parent will provide medication and Medication Consent Form  
(required for prescription and over the counter medications)

Special Instructions: \_\_\_\_\_

I hereby give consent to Livermore Valley Joint Unified School District, to whom my child has been entrusted, to authorize any emer