

**Student Leadership Academy of Venice**  
200 Field Ave. E, Venice, FL, 34285  
TELEPHONE: (941) 485-5551

**EMERGENCY MEDICAL/TREATMENT FIELD TRIP CONSENT FORM**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
  Last                                First                                Middle

Home Address: \_\_\_\_\_  
  Street  City  Zip Code

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of above (if different): \_\_\_\_\_  
  Street  City  Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list a person other than the parent or guardian who could be contacted in case of an emergency below:

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is above student allergic to foods, medications, or insects?     \_\_\_\_\_ Yes     \_\_\_\_\_ No

If Yes, please list what they are and emergency medication/treatment, if any:  
\_\_\_\_\_  
\_\_\_\_\_

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)?     \_\_\_\_\_ Yes     \_\_\_\_\_ No

If Yes, please list and describe medical requirements for field trip: \_\_\_\_\_  
\_\_\_\_\_

Does the above student take any daily medication?     \_\_\_\_\_ Yes     \_\_\_\_\_ No

If Yes, please complete the medication treatment authorization form (if not previously on file in the school Health Room) and  
lease list the medication and time to be administered: \_\_\_\_\_  
\_\_\_\_\_

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

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child. I understand that I must notify the school if there are any changes in this health emergency information.

In case of non-life threatening emergency, list hospital preference: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_