

**SCHOOL DISTRICT OF HAVERFORD TOWNSHIP STUDENT INFORMATION  
FORM FOR EXTENDED SCHOOL TRIPS**

May 29, May 30, & May 31, 2019

MIDDLE SCHOOL TRIP TO: **CAMP CANADENSIS** DATE: **May 29, May 30, and May 31, 2019**

Print Student's Name: \_\_\_\_\_ Homeroom #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

The following information is requested in order to supply the trip sponsor/chaperones with the necessary data in the event your child has a need for medical treatment:

**Parent/Guardian:** \_\_\_\_\_ **(Please Print)**  
**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_  
**Cell Telephone:** \_\_\_\_\_ **email:** \_\_\_\_\_

In the event both parents/guardians cannot be contacted, list the names of a relative or friend who may be called:

|                              |                              |
|------------------------------|------------------------------|
| <b>Name:</b> _____           | <b>Relationship:</b> _____   |
| <b>Home Telephone:</b> _____ | <b>Cell Telephone:</b> _____ |
| <b>Name:</b> _____           | <b>Relationship:</b> _____   |
| <b>Home Telephone:</b> _____ | <b>Cell Telephone:</b> _____ |

**Medical Coverage:**

I have current school policy \_\_\_\_\_ School Time \_\_\_\_\_ 24 Hour Coverage \_\_\_\_\_  
I have other insurance coverage: **Name of Plan:** \_\_\_\_\_  
**Plan Number:** \_\_\_\_\_

**Medical Condition:**

Does your son/daughter have any current medical conditions that should be brought to the attention of the trip sponsor?

Epileptic ( )      Diabetic ( )      Bee Sting ( )

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Medication Currently Being Taken: \_\_\_\_\_

Time of Dosage: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby give permission for the above student to participate in an extended school trip and grant authorized personnel permission to provide any first aid treatment deemed necessary for the well being of my child.

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

**Due to 6<sup>th</sup> grade office with child's first payment by November 16, 2018.  
PLEASE COMPLETE OTHER SIDE**