

**BETHLEHEM LUTHERAN SCHOOL
FIELD TRIP EMERGENCY CONTACT INFORMATION**

Student's Name: _____ Grade _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Mother's Work/Cell Phone: _____

Relative Phone: _____ Father's Work/Cell Phone: _____

Family Doctor: _____ Phone: _____

Medical Insurance Company: _____

Member's (Insured's) Name: _____

Identification # _____ Group #: _____ Employer's Name: _____

STUDENT'S MEDICAL HISTORY

Please list chronic or existing medical conditions and allergies, (including foods, medications, etc.)

We, the undersigned, have given our permission for our child to attend field trips sponsored by Bethlehem Lutheran School. In case of injury, we do not hold Bethlehem Lutheran Church and/or School and/or those associated with the injury responsible for the injury. Should medical assistance be necessary, we also give our permission to have our child assisted/treated by medical personnel.

PARENT'S SIGNATURE: _____ **DATE:** _____