

**ICOLPH School Field Trip
Student Emergency Information Form**

NAME _____

ADDRESS: _____

GRADE: _____

DOCTOR'S NAME _____ PHONE _____

DOCTOR'S ADDRESS _____

IN CASE OF INJURY OR ILLNESS, CONTACT: _____ AT _____

IF CANNOT BE REACHED, CONTACT: _____ AT _____

IDENTIFY ANY ACTIVITIES THAT CHILD SHOULD NOT PARTICIPATE IN:

ARE THERE ANY SPECIAL CIRCUMSTANCES REGARDING MY CHILD SCHOOL
STAFF SHOULD BE AWARE OF:

*This form is to accompany the driver each time the student takes a field trip, and is to be returned to the student's teacher following the field trip.