



Lincoln Public Schools

Museum of Science 6th Grade Field Trip: April 2nd & April 3rd, 2020

Student's Name: _____ DOB: _____

Emergency Contacts:

Parent/Guardian: _____

Home: _____ Cell: _____ Work: _____

Parent/Guardian: _____

Home: _____ Cell: _____ Work: _____

Medical Conditions:

Current Medications _____

Allergies _____

Other Health Concerns _____

Student's Primary Care Provider: _____ **Phone #** _____

Health Insurance: _____ **Policy Number:** _____

Emergency/Non-Emergency Medical Consent: I consent to and authorize emergency and non-emergency medical care for my child in the event of a health problem, health emergency, or injury occurring during the school-sponsored field trip to the Museum of Science in Boston on April 2-3, 2020. I consent to and authorize Lincoln School staff to exchange information regarding my child's health with emergency health care providers for purposes of emergency treatment. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treatment.

Parent/ Guardian Signature

Date