

Jordan School District
**Medical and Insurance Information and
Parent Consent for Student Travel and Medical Treatment**

Student Name _____
Last First MI
Home Address _____ Hm Phone _____
Parent/Guardian _____ Wk Phone _____ Cell Phone _____
Local Relative/Neighbor _____ Phone _____

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state _____

List special medical problems. If none, so state _____

List any medication(s) the student is presently taking and the purpose. If none, so state _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____ Policy # _____

Student Social Security # _____ Group/Plan # _____

Current Physician _____ Phone #: _____ Ins Co. Phone # _____

Please attach a copy of your medical insurance identification card.

If you do not have medical insurance coverage please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of responsible party: _____ Relationship to student _____

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, the undersigned, being the parent or the legal guardian of _____ DOB _____
hereby grant permission for the above named student to travel to _____ with _____
during (dates) _____ and hereby grant authorization to the supervisor(s) or
chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures
from a physician or hospital emergency room physician on behalf of the above named minor. I also grant
permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.

Signature of person giving consent

Date

Relationship to student

State of Utah
County of Salt Lake

On _____, 20_____, _____ personally appeared before me,
_____ who is personally known to me
_____ whose identity I proved on the basis of _____
_____ whose identity I proved on the oath/affirmation of _____
to be the signer of the above document, and he/she acknowledged that he/she signed it.

Notary Public