

**YORKVILLE HIGH SCHOOL DISTRICT 115**  
**Field Trip Emergency Medical Authorization**

This form must be made available to the sponsor of all Yorkville High School approved trips to ensure proper medical treatment by physicians or hospitals in the event of a serious medical emergency.

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

In the event the parents cannot be reached, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date(s) of the event/trip: \_\_\_\_\_

Describe the activity the student will be participating in:

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I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury.

Preferred Physician \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Any Medications: \_\_\_\_\_

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

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## **FIELD TRIP EMERGENCY PLAN**

Procedure if a student would need to go to a hospital by ambulance.

If there are two staff members on a field trip:

1. One staff member would go to the hospital with the child in the ambulance (if permitted).
2. The second staff member would remain with students on the field trip. Determination would be made whether to continue with the field trip or return to school.

If there is one staff member on the field trip:

1. The staff member would go to the hospital with the child (if permitted).
2. Parent chaperones would return to the school on the bus with the remaining students.

Option: One staff member could drive behind the bus to the field trip in case of emergency.