

RE: MEDICAL SERVICES FOR ILL OR INJURED STUDENTS, OR STUDENTS WHO ROUTINELY MUST TAKE MEDICATIONS OR WHO HAVE MEDICAL CONCERNS THAT MAY REQUIRE TREATMENT, WHILE PARTICIPATING IN SCHOOL SPONSORED ACTIVITIES OR FIELD TRIPS.

Dear parent/guardian of _____,
(Name of Student)

Albuquerque Public Schools wishes to avoid difficulties in obtaining medical services for students who may become ill or injured during school sponsored activities. As the parent/guardian of a student participating in a school sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, and surgery for your child in case an emergency occurs. You must provide direction if no consent is given.

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services being given. If we are unable to contact you, the activity sponsor will consent to such services for your child by acting in your behalf based on written advance authorization. That authorization is in the consent form below.

Selection of a doctor or hospital will be made on the basis of family preference, if known. If family preference is unknown, the student will be taken to the closest hospital or one consistent with the existing circumstances.

AUTHORIZATION FOR MEDICAL SERVICES

I, the parent/guardian of _____, have read the above and
(Name of Student)

hereby designate the sponsor of the field or activity trip to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in school sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

1. List medical concerns (including allergies) which sponsor and chaperones need to be aware of

2. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student while on field trip or participating in extracurricular or co-curricular activities

3. Prescription medications, for which an authorization form to be taken at school has been filled out, that need to be taken by or administered to student in an emergency

(Parent Signature)

(Date)

(Student Signature)

(Date)

LIMITED OR NO MEDICAL SERVICES AUTHORIZED

IF PARTICIPATION IN FIELD TRIP OR ACTIVITY TRIP IS PERMITTED BUT MEDICAL SERVICES ARE NOT AUTHORIZED, PLEASE ATTACH A WRITTEN STATEMENT OF PROCEDURES TO BE FOLLOWED IF YOUR CHILD IS INJURED OR ILL DURING THE TRIP.

THIS FORM MUST BE IN THE POSSESSION OF THE SPONSOR AT ALL TIMES DURING ALL TRIPS.