A copy of this medical consent form must be on file for each student participating in the

field trip to New York City.

**Apparel/Costume Design and Technical Theatre Field Trip to New York City**

**Consent for Emergency Medical Treatment**

In the event that my child should require emergency medical treatment while attending the Apparel/Costume Design and Technical Theatre Field Trip to New York City, I give my consent for our chaperones see that qualified personnel administer medical assistance.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: Northwest School of the Arts

Teacher’s Name: :Lindsay Kelvington, Laura Hoffman

List any allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications used regularly:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name (Please Print Legibly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency call: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ or (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Health Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Every chaperone will keep a copy for each student at all times during the trip.**