

Carlsbad Unified School District



Carlsbad High School 2024-2025 Marching Lancers FIELD TRIP MEDICAL FORM

1. Student Name:	Birthdate:	Grade:
2. Parent / Guardian Name:	Best Phone #:	

3. Significant Medical Concerns: Please check the boxes that pertain to your student

- Allergies (i.e. hay fever, environmental) Heart explain:
 - Food Allergies, Please list:

 - Carries Epi-Pen Epi-Pen in CHS Health Office Can self-administer Epi-Pen

 - Diabetes
 - Self-tests and administers insulin Carries Glucagon Carries Fast-Acting Sugar Source
 - On insulin pump Has a Continuous Glucose Monitor

 - Frequent Headaches Orthopedic challenges Please explain:

 - Any reason for LIMITED ACTIVITIES? Please explain:
4. **CURRENT MEDICATION required?** yes Please specify:

Consent for Emergency Treatment

5. The undersigned hereby authorizes Carlsbad High School's representative to obtain such medical aid or assistance as might be required for the immediate care of my student(s) in the event of an emergency. This permission will include the administration of medicines; surgical treatment, x-ray examinations, or hospitalization such as might be ordered by a duly licensed medical doctor. In no event will Carlsbad High School be held liable for any first aid rendered or treatment performed pursuant to this consent. This authorization remains effective during the 2023-24 school year.

Signed: _____ **Date:** _____
(Parent/legal guardian)

Preferred Medical Facility _____
Insurance Name _____ Policy Number _____

In case of an emergency, please notify:

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____
- 3. Name: _____ Phone: _____