



**CARROLL COUNTY PUBLIC SCHOOLS
EXTRACURRICULAR ACTIVITIES MEDICAL FORM**

**Form must be with the appropriate staff person when they supervise students for
extracurricular activities away from the school.**

In accordance with Carroll County Public School's field trip procedures, we are requesting that parent/guardian complete the information below regarding his/her child before the child can participate in extra-curricular activities.

EXTRACURRICULAR EMERGENCY MEDICAL FORM

Student: _____ **Phone:** _____

Address: _____

Parent/Guardian: _____

Phone: Home _____ **Work** _____

Other Contact: _____

Phone: Home _____ **Work** _____

Doctor: _____ **Phone** _____

Insurance Company: _____ **Policy No.:** _____

Medical Information and/or Restrictions:

I consent to and authorize the Board of Education personnel or their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle. We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of my child.

Parent/Guardian Signature

Date