

Boulder Valley School District  
Student Travel – Extended Field Trips

**MEDICAL EMERGENCY FORM**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician, should his or her condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here (if none, so state):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My daughter/son has the following medical condition(s) which may require emergency care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My daughter/son requires the following medications:

\_\_\_\_\_  
\_\_\_\_\_

School district personnel cannot administer medication without a written and signed request from the parent/guardian and a signed order from a physician stating the student's name, the name of the medication, the dosage, the method of administration, the time and the inclusive dates for which the medication is to be given during a specific field trip.

I exempt the school district, its employees and authorized volunteers from all claims arising from the administration of (or failure to administer) medication and the administration of (or failure to administer) emergency medical treatment unless caused by actions for which the school district would otherwise be liable under Colorado law.

This authorization is for the time period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

\_\_\_\_\_

Signature of parent or guardian

Date

To be used for trips overnight, in-state or out-of-state and/or country. Parent must complete form and return to sponsor/building prior to trip.

**THIS FORM MUST ACCOMPANY SPONSOR ON TRIP**