



FIELD TRIP EMERGENCY FORM
Grapevine-Colleyville Independent School District

Name _____ Birthdate _____ Age _____ F M

Parent or Guardian _____

Home address _____

Home Telephone Number _____ Work Telephone Number _____

Cell/Emergency Telephone Number _____

Name of Family Physician _____ Phone _____

Current Medications Student is taking: _____

Any significant health related information important for teachers to know while your child on this field trip:

Does your child have asthma? Yes No

If yes, does he/she use an inhaler? Please put name of inhaler here: _____

Health Insurance Information:

Carrier _____

Policy/Group Number _____

EMERGENCY AUTHORIZATION: In the event of an emergency, I hereby authorize GCISD to seek emergency medical assistance for my child.

Parent/Guardian Signature _____

Date: _____

**CHILD WILL NOT BE ALLOWED TO ATTEND THIS FIELD TRIP
WITHOUT THE ABOVE SIGNATURE**