

**HUDSON CITY SCHOOL DISTRICT  
EXTRACURRICULAR/CO-CURRICULAR TRIP FORM  
EMERGENCY MEDICAL AUTHORIZATION FORM**

The purpose of this form is to make it possible for parents and/or guardians to authorize the provision of emergency treatment for students who become ill or injured while under group authority, when parents and/or guardians cannot be reached for the purpose of giving consent for such treatment. **A completed form is necessary before the trip. We must have this authorization for each student attending the trip.**

STUDENT'S NAME \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

FATHER'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PERSON TO CONTACT IF UNABLE TO REACH PARENT/GUARDIAN

NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Date

[Approval date: August 16, 1999]  
Revised date: December 11, 2000  
Review date: June 17, 2002  
Review date: December 19, 2005