



**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**