

# Oceanside Unified School District

## Medical Information Release Form

**CONFIDENTIAL**

### For Extra/Co-Curricular Activities - Field Trips

California Ed Code 49423 and OUSD Policy 5141.2 requires that all students must have filled out the Medical Information Release Form for Extra-Co-Curricular Activities and return it with the registration packet in order for your student to go on any school sponsored field trip during the coming school year. This form gives consent for any staff/chaperone to secure emergency services (medical, dental, paramedic, ambulance) for student at the parent/guardian's expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

CONTACT INFORMATION		
STUDENT NAME		BIRTHDATE
GRADE	ADDRESS	APARTMENT NUMBER
ID#	CITY	ZIP
HOME PHONE NUMBER	PARENT/GUARDIAN NAME (First & Last)	
STUDENT CELL PHONE	PARENT/GUARDIAN WORK NUMBERS	
PARENT CELL NUMBERS		PARENT'S EMAIL
PROGRAM or ACTIVITY		STUDENT'S E-MAIL
EMERGENCY (NON-PARENT/GUARDIAN) CONTACTS		
FIRST PERSON TO CONTACT - NAME	RELATIONSHIP TO STUDENT	CONTACT PHONE
SECOND PERSON TO CONTACT - NAME	RELATIONSHIP TO STUDENT	CONTACT PHONE

Information important to physician in case of emergency and helpful to school staff/chaperones for the student's safety. The parent/guardian is responsible for ensuring this information is updated.

Medical problems (i.e., Diabetes, Asthma, Seizures): \_\_\_\_\_

Usual Symptoms: \_\_\_\_\_

Care OR medication needed: \_\_\_\_\_

Allergies: (i.e., Food, Bee Stings, Medication) \_\_\_\_\_

Usual Symptoms: \_\_\_\_\_

Care OR medication needed: \_\_\_\_\_

Is the student currently under medical care? Yes \_\_\_\_\_ No \_\_\_\_\_ (Explain) \_\_\_\_\_

Are there any other factors that may affect the care of your student? (if yes, be specific) \_\_\_\_\_

#### I UNDERSTAND THAT BY SIGNING THIS FORM:

I give permission for my son/daughter to participate in School Sponsored Field Trips.

I give permission for staff/chaperones to provide first-aid care and secure emergency care for student at my expense if needed.

I release the Oceanside Unified School District, its officers, employees, or agents from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in this Program or Activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

ANY USE OF MEDICATION REQUIRES PROPER FORMS (9-512 / 9-685) BE FILLED OUT AND SIGNED BY PHYSICIAN AND PARENT.  
(Forms are available in the Health Office.)

Form 9-603

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