

**AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS AND  
FIELD TRIP PERMISSION FORM**

**2022-2023**

Dear Parent or Guardian:

In case of accident or serious injury, I request that the school contact me. In the event that the school is unable to reach me, I hereby authorize school personnel to administer first aid procedures, and arrange transportation to the hospital. I give permission for health information to be released to necessary school personnel (teachers, coaches, etc.)

Name of Minor \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Alternate Contacts:

Name/Relationship/Phone Contact \_\_\_\_\_

Name/Relationship/Phone Contact \_\_\_\_\_

Please identify allergies, drug allergies, or special medical considerations:

Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Special Medical Conditions  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician and Preferred Hospital \_\_\_\_\_

*This document shall be presented to a physician, dentist, hospital, or appropriate representative if needed.*

Signature of Parent/Guardian \_\_\_\_\_

Hospitalization coverage for the above named minor:

Name of Insurance Company \_\_\_\_\_

ID or Contract Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Sunscreen Policy: See back side →

Signature of Parent/Guardian \_\_\_\_\_

**SUNSCREEN**

**POLICY:**

Overexposure to ultraviolet (UV) radiation from the sun may cause sunburn or skin damage and increases the risk of skin cancer, especially exposure in the first fifteen (15) years of life. Although the FDA technically consider sunscreen an over-the-counter drug which would require a doctor's prescription in addition to parental permission, NY Education Law Section 907 allows the use of sunscreen without a physician's order if:

- a) The sunscreen is used for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness;
- b) The sunscreen is approved by the FDA for over-the-counter use; and
- c) The student's parent or guardian provides written permission for the student to carry and use sunscreen. A record of such permission will be maintained by the school.

A student who is unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the student, if permitted by a parent/guardian and authorized by the school. Parents/guardians are responsible for providing the sunscreen to be used at school.

I hereby give permission for unlicensed personnel to apply sunscreen, provided by myself, to my child if my child is physically unable to apply sunscreen to themselves.

Signature of Parent/Guardian \_\_\_\_\_