

Field Trip and Medical Form

Student: _____ Date of Birth: _____ IFFP Class: _____
Parent/Guardian: _____ E-mail (all CAPS): _____
Parent/Guardian: _____ E-mail (all CAPS): _____
Best Contact # on Sunday AM: _____ Another Sunday AM Contact #: _____

Medical Information

Child's Primary Doctor: _____ Phone: _____ Hospital of choice: _____
Insurance Provider: _____ Name of Insured: _____
Insurance Group number: _____ Insurance ID Number: _____
Allergies: _____

Medications my child takes: _____
Special medical concerns (Attach another page if necessary): _____

Medical Authorization

If the designated parent or guardian, alternate contact person, or physician cannot be contacted after making a reasonable effort to do so under circumstances existing at the time, a youth leader or IFFP staff person is authorized to do one of the following, if such is deemed warranted by injuries or suspected injuries: 1) Call an ambulance. 2) Have the child/youth taken to the emergency hospital by IFFP staff (including teachers), or other responsible person designated by IFFP staff. 3) Allow on-site emergency medical aid to be administered by a licensed physician or emergency medical personnel serving the area where the aid is to be administered. Any expenses incurred in reasonable compliance with conditions set out above will be borne by the child/youth's family.

Medical, Field Trips and Play Ground Permission

For their safety, children may not participate in any IFFP class activity outside the school building (including playground activities) without a signed field trip permission form. Thank you!

I, _____, give permission for my child, _____,
(Please initial all that apply.)

- _____ To attend Sunday school during this coming Sunday school year.
- _____ To attend any of their IFFP Sunday school/Youth field trips during this coming Sunday school year.
- _____ To be transported to and from class field trips in the cars of IFFP teachers and IFFP parents.
- _____ You have my permission to use photographs, slides or videos in which I or my child appears for IFFP publicity purposes—ON THE INTERNET AS WELL.
- _____ You have my permission to use photographs, slides or videos in which I or my child appears for IFFP publicity purposes—NOT ON THE INTERNET.

In an emergency, I give IFFP permission to treat my child as described in the medical authorization statement above. I release IFFP and its teachers, board and staff from any liability in the event of my child's accident or injury during an IFFP activity.

Parent Signature: _____ **Date:** _____

Turn the sheet over. There is more on the back...

About My Child

If we know your child's likes, dislikes, learning style, and issues with reading and writing, we have a much better chance of creating a classroom experience that works for everyone. So please tell us about your child.

Thank you!

Student's Name _____ IFFP Class: _____

1. It is easy for my child to... _____
2. It is hard for my child to...

3. My child likes to...

4. My child does not like to... _____
5. My child learns best by... (Hearing, seeing, etc....)

6. Is reading and/or writing a problem for your child? If so, please explain. _____

7. My child is most motivated by... (Incentives, positive discipline strategies...)

8. My child's school/IFFP teachers say that this works well with my child: (fidgets, holding heavy books, active games, music...) _____

9. Any special needs? (needs breaks, hearing/vision, hard to sit still, autism, ADHD, sensitivity to touch...)
Does your child have an IEP or a 504? If your child has any special accommodations/arrangements at school, IFFP will try to provide similar support.) _____

10. Is there anything else you would like the teachers to know about your child? _____

Turn the sheet over. There is more on the back...

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