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FRANKLIN HIGH SCHOOL  
Emergency Contact Information for Field Trips

**Student Information**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Address: \_\_\_\_\_ Birth date: \_\_\_\_\_  
City: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Zip code: \_\_\_\_\_

*Attach documentation regarding unique circumstances concerning legal guardianship of the above student.*

**Emergency Contact Information**

*The individuals below have authorization to pick up my child and can be reached during school hours or evening hours at the number listed.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact comments: \_\_\_\_\_

**Emergency & Health Information**

*In case of serious accident or illness, your child will be sent to an emergency medical facility.  
The parent(s)/guardians(s) is/are responsible for all expenses.*

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Medical Alert 1: \_\_\_\_\_  
Medical Alert 2: \_\_\_\_\_

Health Comments: \_\_\_\_\_  
Emergency comments: \_\_\_\_\_

Please "Check" if applicable

- My child may require the use of Epinephrine via an auto-injector.  
 My child has an order to self-administer Epinephrine via auto-injector.  
 My child may require the need for Glucagon in an emergency situation.

**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Resides With: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Employer: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Parent/Guardian Comments

Student Name: \_\_\_\_\_  
Print Parent/Guardian Name (1): \_\_\_\_\_  
Parent/Guardian Signature (1): \_\_\_\_\_ Date: \_\_\_\_\_  
Print Parent/Guardian Name (2): \_\_\_\_\_

Parent/Guardian Signature (2): \_\_\_\_\_ Date: \_\_\_\_\_  
(Signatures of all parents/guardians who the student lives with are required – please complete this permission slip and return to teacher/sponsor)