**Form 260-4**

# MEDICAL INFORMATION FORM – DAY TRIPS

### *Trip Information*

Description of Activity: FCHS 2023/2024 CrossFit Club Activity Date: Sept. 11, 2023 – June 12, 2024

## *Student Information*

Student Name:

# Parent contact telephone #

(Home) (Work)

# Emergency contact #1

(Home) (Work)

# Emergency contact #2

(Home) (Work)

### *Medical Information*

Please list any concerns or conditions that can influence your child’s participation in this activity.

Does your child have any known allergies? If yes, please provide details and required treatment.

Please list any dietary concerns or conditions that your child has.

**This is my/our permission for the teacher in charge, or their designate, to make arrangements for any necessary emergency medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or emergency contact as quickly as possible.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_**