



**York Technical College Field Trip
 Authorization to Secure Medical Treatment and Medical Coverage Form
 For Adult and Minor Participants**

In case of an emergency on this Field Trip, it may be necessary for a physician to provide medical care for you or your child if the participant is a minor. Such care can be provided only if you sign the following authorization for medical treatment.

I will allow the YTC Field Trip Coordinator to authorize medical treatment so that he/she may obtain necessary medical treatment for me or my child, if participant is a minor, in case of sickness, accident, or other emergency.

| | |
|--|------------------------|
| Participant's Name <i>(Please print)</i> | Social Security Number |
| Participant's Signature | Date |
| Parent's or Legal Guardian's Signature for Minor | Date |

Do you or your child, if participant is a minor, have health insurance? *(Please circle.)* YES NO

Insurance Company: _____ Policy Number: _____

Policy Holder's name: _____

Policyholder's Relationship to Participant: (spouse, mother, father, etc.): _____

So that the Field Trip Coordinator may be prepared for any special considerations that you or your child, if participant is a minor, may have while traveling, list any medical problems or accommodations that may affect his/her ability to participate in any aspect of this trip as described in the itinerary. (For example: allergies, diabetes, high blood pressure, etc.)

Emergency Contact Person: _____

Relationship to Participant: _____

Telephone Number(s) (at least two): _____

E-mail Address for Emergency Contact: _____

Form Submission: *Field Trip Coordinators should submit a copy of this completed form to the Student Leadership and Events Coordinator at least five (5) working days prior to departure and should keep an additional copy for their records. In addition, these forms need to be distributed to the Public Safety Office for overnight field trips.*