

York Technical College
Field Trip
Authorization to Secure Medical Treatment and
Medical Coverage Form
For Adult & 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 (Please print)

Social Security Number

Participant's Signature

Parent'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 Associate Vice President for Academic & Student Affairs 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.