

**SCHODACK CENTRAL SCHOOL DISTRICT  
FIELD TRIP  
STUDENT PERSONAL PROFILE**

*(PLEASE PRINT)*

Name – Last	First	Middle Initial
Date of Birth		

Address – Street	
Town	Zip Code
Phone	

Parent/Guardian Name			
Last	First	Middle Initial	
Phone Numbers			
Home	Work	Cell	Pager

Emergency Contact			
Name			
Phone Numbers	Home	Work	Cell

Medical Profile	
Insurance Carrier	Personal Physician
Policy Number	
Medications	
Allergies	
Other Medical Conditions	