

Section 8

FORM 1

Student Medical Information

Student's name: _____

Parent(s), please fill out and sign all sections of this form.

Statement of student health: please list any ongoing medical concerns, disabilities, or problems involving your child which may affect his/her participation in a field trip.

Asthma _____ Allergies _____

Bronchitis _____ Sleepwalking _____

Bedwetting _____ Nightmares _____

Head lice _____ Epilepsy _____

Other _____

Is your son/daughter taking any prescription medication? YES No

Medication required by the student, that is to be administered by the trip supervisor, must be clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be administered, the quantity to be administered and the times it is to be administered.

Only the amount of medication required for the duration of the trip is to be provided.

Name of medication: _____

What is it used to treat: _____

How is it administered: _____

Quantity to be administered: _____

How often is it administered: _____

By my signature below, I am requesting that the trip supervisors administer these medications, as directed above, to my son/daughter.

Student's name: _____

Signature of Father or Guardian Date _____ (Day/Month/Year)

Signature of Mother or Guardian Date _____ (Day/Month/Year)

IN CASE OF EMERGENCY: I hereby request the physician selected by the trip supervisor to provide treatment for my child named above.

Signature of Father or Guardian Date _____ (Day/Month/Year)

Signature of Mother or Guardian Date _____ (Day/Month/Year)

In an emergency event where parents cannot be contacted:

Please contact: _____

Phone #: _____ Relationship to student: _____

Name of Family Doctor: _____

Phone # of Family Doctor: _____

Name and number of Medical Plan: _____