

**Iredell-Statesville Schools**  
**Overnight Field Trip Authorization and Personal Health History Form**

This information and consent form apply to the following field trip:

Destination \_\_\_\_\_ Teacher/Team \_\_\_\_\_ Date of Trip \_\_\_\_\_  
Name of Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other emergency contact: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Allergies: (Check all that apply)**

Food (list & describe reaction)  
 Medication (list & describe reaction)  
 Bee Stings (list & describe reaction)  
 Seasonal (list & describe reaction)  
 Other explain: \_\_\_\_\_

**Does student have a history of: (Check all that apply and add an explanation)**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart defect/disease
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Menstrual cramps
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Musculoskeletal disorder
<input type="checkbox"/> Constipation	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep disturbance
<input type="checkbox"/> Emotional or psychological condition	<input type="checkbox"/> Wears glasses
<input type="checkbox"/> Fainting	<input type="checkbox"/> Wears contacts
<input type="checkbox"/> Other health condition(s) or physical handicap	<input type="checkbox"/> Hearing Impairment

Explain health conditions checked above:

\_\_\_\_\_

Does student have any physical limitations or sports restrictions?  If yes, please explain:

\_\_\_\_\_

Does student have any diet restrictions?  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child require medication for the overnight trip?  If yes, complete **MEDICATION AUTHORIZATION for OVERNIGHT FIELD TRIP Form**.

**In order to administer medication (prescription or over-the-counter) on the field trip, the Medication Authorization for Overnight Field Trip Form, which includes parent signature and written physician's order, must be completed. This completed form must be returned to school 5 days prior to departure date with parent and physician signatures. If an inhaler, Epi-pen, or insulin is ordered, please indicate if student can self-carry. If the school already has orders for a medication, then a physician's signature on this form is not necessary. Please contact the school nurse 5 days prior to departure date.**

In the event of a medical emergency, 911/Emergency Medical Services will be called and student will be transferred to the nearest medical facility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_