

**Pequannock Township Public Schools**  
**Health Information Form for Overnight Field Trip**  
**Pompton Plains, New Jersey 07444**

*This form must be completed and signed by parent/guardian*

Today's Date: (M/D/YYYY) \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

***List names of two emergency contacts if parents cannot be reached:***

Name: \_\_\_\_\_ Phone #: (Cell/House) \_\_\_\_\_

Address/Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (Cell/House) \_\_\_\_\_

Address/Relationship \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Allergy/Reactions Information:***

\_\_\_\_\_  
\_\_\_\_\_

Benadryl YES NO Dose \_\_\_\_\_ EpiPen YES NO Dose \_\_\_\_\_

**List any Medications taken (OTC or Prescription):**

Medication(s)/Reason Given	Dosage/Times

*A separate medication form will be needed should your child require prescription or non-prescription medication to be administered on the trip.*

**List any additional medical conditions/information about your child that is important for the staff to know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In a case of a medical emergency students might be taken to the nearest Emergency Room.

\_\_\_\_\_  
Print Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Signature