

Camp Canadensis Fifth Grade Environmental Education Trip

HEALTH AND MEDICAL INFORMATION AND EMERGENCY CONTACT FORM

Parent/Staff Member Name: _____

RETURN TO SCHOOL BY FRIDAY, MAY 6, 2022

UPDATED MEDICAL HISTORY/INFORMATION:

Are you allergic to any drug, insect bite, food, etc. that would require medication or hospitalization?

NO _____ YES _____

Explanation: _____

Are you currently taking any medication(s)? NO _____ YES _____

Daily Schedule for medication(s) is as follows:

(This information is being requested in the event of emergency)

Do you have any condition requiring special attention such as Asthma, Diabetes, Seizures, Cardiac condition, etc.?

NO _____ YES _____

Explanation: _____

I hereby give my permission to be given emergency treatment in accordance with a physician's orders and to be taken to the Pocono Medical Center in Stroudsburg, Pa, if necessary.

NO _____ YES _____

Signature

Date

Health/Hospitalization Insurance Carrier: _____

Policy Number: _____

(Turn page over to record emergency contact information)

Parent/Staff Member Name: _____

Telephone numbers where family members can be reached in an Emergency on May 18, 19, 20, 2022

Name: _____

Relation: _____

Home Number: _____

Work Number: _____

Cell Phone: _____

Name: _____

Relation: _____

Home Number: _____

Work Number: _____

Cell Phone: _____

In the event that neither person above can be reached, is there anyone else we can contact? Is so, please provide name(s) and all available phone numbers below.
