

Richmond Community High School Freshman Minimester 2022-23

Date of Birth: _____ Student Social Security #: _____ - _____ - _____

Address: _____
Street
City
State
Zip

Address: _____
Street
City
State
Zip

Address: _____
Street City State Zip

Address: _____

Street City State Zip

Student Medical History

All participants must complete the following information. Please note that all teachers are first aid and CPR certified. All teachers will have cell phones on them at all times in case of emergency.

Check all that apply (please indicate whether student has a prescribed treatment, such as an epi-pen)

<u>Allergies</u>	<u>Reaction</u>	<u>Prescription/epi-pen?</u>
• Seasonal allergies	_____	_____
• Grass	_____	_____
• Insect Stings	_____	_____
• Seafood	_____	_____
• Other (Specify)	_____	_____
• Other (Specify)	_____	_____

Notes any allergies to medications:

<ul style="list-style-type: none"> • Penicillin • Sulfa drugs • Tetracycline 	<ul style="list-style-type: none"> • Aspirin • Ibuprofen • Other (Specify) _____
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Does student have any medical condition that may require special care, medication, or diet?
(Check One)

- No
- Yes (If yes, please fill out the following section)

Check all that apply:

Medications Taken	Medications Taken
<ul style="list-style-type: none"> • Asthma: _____ • Seizures/Convulsions: _____ • Dizziness/Fainting: _____ • Diabetes: _____ • Heart Condition: _____ 	<ul style="list-style-type: none"> • Bleeding Disorders _____ • Contact Lenses: _____ • Back, joint, or mobility conditions: _____ • Other: _____

List any other medications taken daily and the reason for which they are being taken:

Please check the following over the counter medication that we can administer in the case of minor discomfort (you may check more than one):

<ul style="list-style-type: none">• Tylenol (generic: acetaminophen)• Aspirin	<ul style="list-style-type: none">• Advil (generic: ibuprofen)• Other (Specify) _____
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Please check the following over the counter allergy medicine that we can administer:

<ul style="list-style-type: none">• Zyrtec (cetirizine)• Allegra (fexofenadine)• Claritin (loratadine)	<ul style="list-style-type: none">• Benadryl (diphenhydramine)• Other (Specify) _____
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Has it ever been necessary to restrict activities for medical reasons? (Check one)

- No
- Yes; If yes, please explain: _____

Can student swim? (Check one) *Please note that all students are required to wear a life jacket when riding a boat or entering the water*

- No
- Yes (If yes, check the appropriate level of swimming ability)

<ul style="list-style-type: none">• Beginner• Intermediate• Advanced	<ul style="list-style-type: none">• Non-Swimmer• Other (specify) _____
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Please specify any religious beliefs that prohibit certain medical procedures, and the restricted procedures:

- Form continued on next page -

Please read, complete and sign below:

By signing this, I confirm that this health form is correct and up-to-date. I understand that participation in field activities is encouraged. I understand that the field trip may involve swimming, boating (by canoe, sail, and/or motor), hiking, camping, fishing, other outdoor activities, and sports. I know and understand the risks and dangers involved in the above named activities, and I know and understand that unanticipated dangers might arise. I hereby release RCHS and other participating organizations from any responsibility for injury which might occur as a result of participation in these activities.

I give permission for _____ (name of student or chaperone) to participate in all field activities during the Freshman Field Research Minimester trip, except as noted in the medical form. I also give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me/my child. I also permit such treatment procedures to be carried out at and by the local hospital(s) for me/my child in the event of an emergency. I understand that any costs related to medical care may go directly to my insurance company or to me.

Signature of Parent/Guardian

Date