

FORM A: Medical History for School Fieldtrips

Last Name: _____ First: _____ Middle: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Student resides with (check all that apply): Mother Father Guardian: _____

Mother / Guardian: _____ Father / Guardian: _____

Address: _____ Phone: _____ Address: _____ Phone: _____

Work Phone: _____ Cell Phone: _____ Work Phone: _____ Cell Phone: _____

In the event of an illness/emergency and parent/guardian cannot be reached, the following may act on my behalf:

1) Local relative or friend: _____ Phone: _____ Cell Phone: _____

2) Local relative or friend: _____ Phone: _____ Cell Phone: _____

Student's health care provider: _____ Town: _____ Phone: _____

Student's dentist: _____ Town: _____ Phone: _____

Insurance Information:

Does this student have health insurance? No Yes Name of insurance Company: _____

Identification #: _____ Address: _____

I give permission for my child to be taken to a hospital in case of emergency: No Yes

Medical History:

1. Date of last tetanus booster: _____

2. Is your child being treated for any medical problems? No Yes

If yes, please explain: _____

3. Does your child have any history of allergic reactions to:

Medications No Yes Foods No Yes

Insect bites, bee stings etc. No Yes Other: _____ No Yes

If yes, please explain: _____

Is medication required? No Yes Name of medication: _____

4. Does your child take any medication regularly? No Yes Name of medication(s) and reason: _____

**** NO MEDICATION CAN BE ADMINISTERED (BY SELF OR BY STAFF) UNLESS A CONSENT FOR SPECIFIED MEDICATION IS SIGNED BY A DOCTOR AND PARENT /GUARDIAN PRIOR TO THE SCHOOL FIELD TRIP.**

5. Does your child suffer from motion sickness? No Yes

If yes, please explain: _____

6. Has your child ever been away from home for an extended period of time? No Yes

If yes, have there been any problems? No Yes explain: _____

I hereby authorize a qualified M.D./ medical facility / emergency personnel to provide any emergency treatment necessary while my child is on this fieldtrip with the understanding that if possible a chaperone will contact me before treatment or as soon as possible.

Parent / Guardian signature: _____ Date: _____