

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 12, 2023**

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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 medical 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.

1. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. 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.

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