

LITTLE FALLS COMMUNITY SCHOOLS
Independent School District #482
FIELD TRIP/EXTENDED TRAVEL
Student Medical Treatment Information

(Complete for Field Trip C and D requiring overnight accommodation)

Student's full name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name of parent/guardian _____

Address if different from student _____

City _____ State _____ Zip _____

Emergency contact _____ Phone # _____

Relationship to student _____

Health care agency _____ Insurance policy # _____

PLEASE CONSULT YOUR HEALTH INSURANCE AGENCY FOR EMERGENCY PROCEDURES TO FOLLOW IN CASE OF ILLNESS OR INJURY.

Medical Information:

Any known allergies (including drug allergies)? _____ If yes, describe _____

Date of last Tetanus shot _____

Name of any medication(s) student is presently taking _____

How often? _____ Reason _____
(Medication administered on field trips will follow the District #482 Medication Policy.)

List any physical factors which might affect student's activity or would be necessary for a physician to know when caring for your child _____