

SOUTHAMPTON TOWNSHIP SCHOOL #3

100 Warrior Way

Southampton, New Jersey 08088

"Building a Tradition of Excellence"

6th Grade Environmental Education Trip Medical Form

Child's name _____

Does your child have any medical condition(s) that would limit his/her activities? If yes, please be specific. _____

Does your child require any special medication? _____ If yes, please indicate the name of the medication, reason it was prescribed, and by whom. _____

Prescription and over the counter medication require written permission from you and your child's doctor, and must be in their original containers.

Does your child have any allergies to specific plants, pollens, dust, mold, animals, foods, or medicine? _____ If yes, please explain. _____

Does the nurse have permission to give your child (Please **circle** Yes or No for **each**)

Tylenol YES NO

Benadryl (for allergic reactions) YES NO

(School Physician orders for above medications in case of emergency)

Are there any other factors which may affect the care of your child while at camp? _____

Please specify. _____

Parent's signature _____ Phone # _____

Emergency contact _____ Phone # _____

Family doctor _____ Phone # _____

Other comments: _____

05/13