

**West Tisbury School  
Overnight Field Trip Health Form**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact (if parents cannot be reached)

Name & relationship to student: \_\_\_\_\_ Cell: \_\_\_\_\_

**Student Health Information**

Food or Drug Allergies: \_\_\_\_\_ Epi-Pen Y/N: \_\_\_\_\_

Other allergies, dietary restrictions or medical concerns (asthma, ADHD, alpha-gal):

\_\_\_\_\_  
\_\_\_\_\_

Any other important information to share with chaperones (sleepwalking, bed-wetting, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Medication**

Please list any medications your child will require while on the trip.

Please include all prescription and over-the-counter medications, the dosage, **and the reason it may be needed** (ex. Advil 400mg for menstrual cramps):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students are not permitted to carry their own medications (except asthma inhalers and Epi-pens). This includes all over-the-counter medication such as Tylenol, Advil, and melatonin. An MD order must be obtained for your child to receive any OTC medications while on the trip.

This will be done by the school nurse.

Doctor's Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

### **Consent for Medical Treatment**

In the event of serious illness or injury that requires medical attention, parent permission is necessary.

*In case of emergency, I give my permission for WTS chaperones to secure medical treatment for my child, and any medical attention/intervention that is required.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder Name (please print): \_\_\_\_\_