



Overnight Field Trip Student Health Information Form

Field Trip & Destination: _____

Teacher/Grade Level: _____ Date(s) of trip: _____

Dear Parent/Guardian: Please complete the following health information form. This information will help field trip staff be aware of the health concerns & needs of participating students.

Name of Student: _____ Home Phone: (____) _____

Home Address: _____

Parent/Guardian: _____ Work Phone: (____) _____

Cell Phone: (____) _____

Alternate Emergency Contact: _____ Phone: (____) _____

Insurance Company: _____ Policy Number: _____

Health History Information: Please check all that apply:

- Asthma
- Nightmares
- Heart condition
- Diabetes
- Bed Wetting
- Stomach aches
- Seizures Type: _____
- Sleepwalks
- Ear infections
- ADHD
- Faints easily
- Other: _____

Allergies: _____

Sensitivity to Poison Ivy, Sumac or Oak: _____ Date of last tetanus shot: _____

Is there any reason to limit your child's activity? Yes No

If yes, please explain: _____

Has your child been recently exposed to any communicable diseases? Yes No

If yes, please explain: _____

Please describe any other special medical conditions, information or directions: _____

Is your child currently taking any medication? Yes No

If yes, specify: _____

If your child requires ANY MEDICATION on the field trip, that is not already given at school, the backside of this form must be completed and returned 5 school days prior to the departure date with parent and physician signatures.

***911 or emergency medical services will be called in the event of a medical emergency and the student will be transferred to the nearest medical facility.**

Please Turn Over and Complete Back Side for Medications ➔

