



Health Services

OVERNIGHT FIELD TRIP INFORMATION SHEET

To be completed by parent/guardian for all students attending the overnight field trip.

Student's Name _____ Date of Birth _____ Grade/Teacher _____

EMERGENCY CONTACT INFORMATION

Parent Contact Info:

Father _____ Mother _____

Father's Phone _____ Mother's Phone _____

Physician's Name _____ Physician's Phone _____

Primary Contact's email _____

Health Insurance Carrier _____ Policy/Group Number _____

Secondary Contact Info (If parents cannot be contacted):

Name/Relationship _____ Phone _____

ALLERGIES (Check all that apply)

- Food (list & describe reaction)
Medication (list & describe reaction)
Insects Stings (list & describe reaction)
Seasonal (list & describe reaction)
Other explain:

Does student have a history of: (check all that apply)

- ADD/ADHD, Asthma, Bleeding disorder, Constipation, Diabetes, Emotional/psychological condition, Fainting, Heart defect/disease, Menstrual cramps, Musculoskeletal disorder, Seizures, Sleep disturbance, Wears glasses, Wears contacts, Hearing impairment, Other:

Medication:

No, my student does not need any medication during the field trip.

Yes, my student will need medication, but a parent will be chaperoning and will manage student medications. The medication administration chaperone consent form must be completed.

This completed form must be returned to school 5 days prior to departure with parent & physician signatures.

In the event of a medical emergency, 911/Emergency Medical Services will be called and student will be transferred to the nearest medical facility.

I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the children during the field trip will be taken. Beyond this we will not hold the school or those supervising the trip responsible. I give consent for my child to go on this trip.

Parent/Guardian Signature

Date