

**STUDENT/CHAPERONE HEALTH & MEDICAL INFORMATION Due Tuesday, November 6, 2018**

STUDENT/CHAPERONE NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

ALT. PHONE \_\_\_\_\_

**1. HEALTH HISTORY – PLEASE CHECK WHETHER YOU/YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING:**

<u>YES</u>	<u>NO</u>	
___	___	Asthma
___	___	Bee/insect sting reactions
___	___	Convulsions
___	___	Diabetes
___	___	Ear infection
___	___	Heart Condition
___	___	Stomach upsets

**2. Please list any food or medical allergies which might affect you/your child while on tour (i.e. pet allergies are not necessary here). List any dietary restrictions or allergies. Please note that although every attempt will be made to accommodate your child's special dietary needs, in some extreme cases, you may be asked to bring food supplements from home.**

\_\_\_\_\_

\_\_\_\_\_

**3. Are there any medical restrictions or limitations to you/your child's physical activities? If so, please specify.**

\_\_\_\_\_

\_\_\_\_\_

**4. Please list any medication you/your child must take during his/her participation in this excursion. Be specific about time and dosage. Medication should be given, in its original labeled prescription bottle, to the teacher in charge before departure.**

MEDICATION	DOSAGE	PURPOSE	TIME(S)
_____	_____	_____	_____
_____	_____	_____	_____

**4. When did you/your child have his/her last tetanus shot?**

\_\_\_\_\_

*THIS HEALTH INFORMATION IS ACCURATE INsofar AS I KNOW. MYSELF/MY CHILD HAS PERMISSION TO ENGAGE IN ALL ACTIVITIES EXCEPT AS NOTED ABOVE.*

*IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I AUTHORIZE THE \_\_\_\_\_ SCHOOL AND/OR ITS AGENTS TO OBTAIN THE PROPER TREATMENT TO ASSURE THE HEALTH AND WELL-BEING OF MY CHILD. THIS AUTHORIZATION SHALL ALSO EXTEND TO AND INCLUDE HOSPITALIZATION FOR FIRST AID WHERE/WHEN NECESSARY.*

_____ <i>Medical Insurance Policy Number</i>	_____ <i>Chaperone/Parent/Guardian Signature</i>
_____ <i>Insurance Company's 800 Phone Number</i>	_____ <i>Date</i>

**Also, IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I AUTHORIZE THE PAYMENT OF MEDICAL FEES TO BE PUT ON MY CREDIT CARD IF NECESSARY.**

_____ <i>Credit Card Company</i>	_____ <i>Credit card number</i>
_____ <i>Expiration Date</i>	_____ <i>Chaperone/Parent/Guardian Signature</i>