



* Parent/Guardian Name _____ * Day Phone _____

* Home Address _____ * Evening Phone _____

* Emergency Contact _____ * Emergency Phone _____

* Name of Insurance Company _____ * Policy # _____

School Trip Health Information

- In the event that the routine medical needs of any student attending the school trip cannot be met by school employees, a licensed nurse may be required to attend. Parents of students with medical needs will be contacted directly by the assigned school nurse.
- In the event of an accident or emergency, the below information may also be provided to emergency medical providers as needed.
- If your child's medications, need for medical assistance, or medical conditions changes after completing this form, contact Mrs. Johnson (Teacher/Sponsor) and provide updated school trip health information.

- Student has no medication(s) and/or needs no medical assistance during this school trip
- Student requires medication(s) and/or medical assistance during this school trip (*complete information below)
- Parent/Guardian will be attending the school trip and will provide medication(s) and/or medical assistance for this student

*List all daily and emergency medications (including dosage and time taken) that will be needed during this school trip

Medication	Dosage	Time

Does the student require medical assistance, other than the administration of medication(s)?

Yes No

} You must check one box.

If yes, describe: _____

List all allergies:

This form must be kept with school officials at all times during the school trip.

You must check one box.