**STUDENT INFO:**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if parents cannot be reached)

*The health information and medication information will be shared with school personnel and overnight field trip staff as necessary to provide for your child’s safety and well-being.*

**HEALTH INFO:**

Does your child have: (circle & specify all that apply)

 **Allergies?**  NO YES

 Specify: Bee/Wasp Stings Peanuts/Nuts Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Asthma?** NO YES

 Specify: Inhaler Nebulizer Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Convulsions/Seizures**? NO YES

 Specify: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Diabetes?** NO YES

 Specify: Insulin Monitored Glucose Levels

 **Dietary modifications: food allergies or intolerance (including milk)?** NO YES

 Specify: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Heart Problems?** NO YES

 Specify: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Other?** NO YES

 Specify: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Physical** **Limitations?** NO YES

Specify: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special equipment? \_\_\_\_\_\_\_\_\_\_\_

Does your child require a bottom bunk for sleep walking, bed wetting, seizures, restlessness, etc.? NO YES

 Specify: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Does your child take **any medications**? NO YES

Specify: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Please note: ALL medications for field trip must comply with district medication policy. **See overnight field trip medication information sheet for specifics.**

*If your child has a condition that requires significant modifications d*uring this overnight activity, *please contact your school nurse through your school’s main office.*

**HIGH SCHOOL**

**District Policy and State Law regulates:**

* Students in grades 9-12 may carry and self administer their own medications.
* All medications must be in a pharmacy labeled container or the original packaging. (No baggies or unlabeled bottles allowed.)