

Prairie High/Middle School Field Trip Health Information Form

Teacher _____
Event/Class _____ Date(s) of event _____

Student's Medical Information:

Name _____ Birthdate _____ Grade _____

Parent/Guardian _____

Address _____ City _____

Home Phone _____ Emergency or Work Phone _____

Special Health Conditions or Problems _____

_____ Last Tetanus Vaccination _____

Medications student will need on field trip: (Please include dose and frequency)

Please check here if this student will need assistance with these medications while on this trip.

- * If student needs assistance, bring medication in original container to the school nurse, **1 week prior** to this trip with this form.
- * List all medication for this trip, including inhalers. No student is allowed to carry medications without the schools knowledge.
- * For safety reasons, no student is allowed to carry controlled medications on a school sponsored trip. Please bring all such medications to the school nurse, **1 week prior** to the trip.
- * No student is permitted to share medications, including inhalers.
- * Please send only the amount of medication needed for the trip in the original container

Insurance Information;

Medical Insurance Carrier _____ Group # _____
Policy Holders Name _____ Policy # _____

Consent and Release

We(I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission to take him/her to a doctor or hospital should the need arise, and authorize medical treatment, including but not limited to emergency surgery or medical treatment and assume responsibility of all medical bills, if any. Further, should it be necessary for him/her to return home due to medical reasons, disciplinary action or otherwise, we(I) hereby agree to assume all transportation cost.

Authorization Signatures:

Father/Guardian signature Date

Mother/Guardian signature Date

Student signature Date

Please return to nurse's office.