

**FIELD TRIP GRADES PK-12
HEALTH INFORMATION**

(Please print all information)

Name _____ Age _____ Date of birth _____

Address _____

City _____ State _____ Zip code _____ Telephone no. _____

Names of custodial parents/legal guardians _____

Mother's/female legal guardian's work phone number _____ Mobile no. _____

Father's/male legal guardian's work phone number _____ Mobile no. _____

Alternate contact name and phone number if neither parent/guardian can be reached:

Name _____ Phone no. _____

List any medical conditions/allergies, dietary restrictions, etc., of which school staff should be aware:

Date of last tetanus shot: _____

School Insurance: Yes No

Insurance: If yes, company name _____ policy no: _____

PARENT PERMISSION

I give permission for designated staff to administer a Benadryl dose according to bottle directions for an allergic reaction. Yes No

I give permission and will accept financial responsibility for my child to receive medications, and/or health procedures, and emergency medical care as needed. Yes No

I agree to provide the school with prescribed emergency medicine which may include but not be limited to inhalers, epi-pens, glucagon and insulin. Yes No

Parent/Guardian Signature: _____ Date: _____