

Student Name: _____

Grade: _____

Medical Information:

- List health problems that may affect your child during this field trip:

- List any known allergies including food, environmental and medications:

- List any medication needed during this field trip:

- Any other important known medical information:

Any prescription medications must be delivered in the original container with written permission from the prescribing medical provider and the guardian. Over the counter medication must be in the original container with written guardian permission. A written explanation of dosage, timing, and usage must be given for all medications.

Parent/Guardian Name: _____ Parent/Guardian Number: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name & Number: _____