

School Year: _____

MEDICAL FORM: OVERNIGHT/INTERNATIONAL FIELD TRIPS

Student is responsible for having this form completed by a Parent/Guardian and the Health Office PRIOR to participation in overnight or international trips.
Please attach a copy of the most recent physical examination.
A current Interscholastic Athletic Participation Form may be substituted for this form.

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name _____ Grade _____
Address _____ City _____ Zip _____
Parent/Guardian _____ (Please print)
Address _____ City _____ Zip _____
Telephone- Home _____ Work _____ Emergency _____
I give permission for _____ to participate in _____
(Student's Name) (Activity or Event)

Parent/Guardian Signature Date

Please list pertinent medical information to be shared with the School Nurse and Faculty Supervisor. If medical information needs to be changed, it is the responsibility of the parent/guardian to notify the school health office and faculty supervisor.

Allergies (please list): _____
EPI Pen: Yes/No _____ Asthma: Yes/No _____ Inhaler: Yes/No _____
Medical Information: _____
Present Medications: _____
Health Insurance Company: _____ Policy Number: _____

TO BE COMPLETED BY HEALTH OFFICE

NOTE: School Nurse will review and keep on file in the Health Office.

Health Office: Current Physical Exam: Yes/No _____
Date of expiration: _____
Activity Restriction: Yes/No _____
Signature of Health Office Personnel: _____ Date: _____