



# Wachusett Regional

## Day Field Trip Health Form

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Destination: \_\_\_\_\_ Trip Date: \_\_\_\_\_

<b>Student Name:</b> _____	<b>DOB:</b> _____
Address: _____	
Home Phone: _____	Cell Phone: _____

List Emergency Telephone numbers where you can be reached and the hours you would be available at these numbers.

Mother: _____	Father: _____
Home: _____	Home: _____
Cell: _____	Cell: _____
Work: _____	Work: _____

\* Please notify the following person in the event that I cannot be reached in an emergency:

Name	Relationship	Phone
		(H) (C)
		(H) (C)
		(H) (C)

**Health History:** Please note any of the following conditions, which apply to your child:

Asthma: Y N	Emotional/Anxiety: Y N	Concussion: Y N
Diabetes: Y N	Muscular/Skeletal: Y N	Other: _____
Heart Condition: Y N	ADHD: Y N	
Seizure Disorder: Y N	Migraine Headaches: Y N	

Please list any medical restrictions or limitations to your child's physical activities: \_\_\_\_\_

**Allergies:** \_\_\_\_\_ Is Epi-Pen required? Yes: \_\_\_ No: \_\_\_

My child is able to administer his/her own Epi-Pen: Yes: \_\_\_ No: \_\_\_

**Parental Permission:**

- I grant permission for my child to carry and administer his/her own Epi-pen, Inhaler or Diabetic Insulin: Yes \_\_\_ No \_\_\_ (student will have to demonstrate proper use of Epi-pen and inhaler, knowledge of signs and symptoms of anaphylaxis. The School Nurse has the final authorization as to whether or not a child can self-administer his/her medication).
- I grant permission for a teacher/administrator to carry/administer my child's Epi-pen if necessary while attending the field trip. Yes: \_\_\_ No: \_\_\_

**Student Permission:**

This is to certify that while on this school sponsored field trip, all school rules and policies are in effect. By my signature I understand and agree to abide by these rules and policies.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Permission:**

I authorize the teacher, supervisor or school official in charge to act for me according to their best judgment in an emergency requiring medication attention when they are unable to reach me.

I hereby give my consent for the above named student to participate and attend all activities connected with his school sponsored field trip.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_