

# MEDICAL INFORMATION

Dear Parent or Guardian:

In the event your child becomes ill or is injured while on this trip, we will need the following information to assist us in providing the best possible care for them.

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Father or Legal Guardian: \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother or Legal Guardian: \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Alternate Adult if Parent cannot be reached:

1). \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

2). \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ US Citizen (Y or N): \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

List any known health conditions your child has: \_\_\_\_\_

List any medications your child takes and the dosages: \_\_\_\_\_

Does your child have any medication allergies? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

## PLEASE NOTE.....

**Any prescription medication your child will need should be given to a sponsor for dispensing. It must be in the original container and must be specifically prescribed for your child. Sponsors will not dispense any medication without a prescription.**

**\*\* Additionally, if applicable, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the sponsors should be aware, and what, if any, action or protection is required on account thereof. Submit this notification in writing and attach it to this form.**

Please check here if you have submitted an attachment

## MEDICAL INFORMATION

Check the following areas of concern for this student. *If necessary, add another page with details:*

1. For your child's safety and our knowledge, is your student a—  
 good swimmer       fair swimmer       non-swimmer
2. Does your child have allergies to—  
 pollens       medications       food       insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma       epilepsy/seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear       glasses       contact lenses
6. Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_