

# Medical History Form

**Safety is our first priority!** The following information will be helpful in providing the best and wisest care for your child in the unlikely case of an emergency. It will be treated as confidential and will be hand carried by the classroom teacher during the field trip.

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Name of Student

Age

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Name of Parent or Guardian

Home Phone

Work Phone

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Emergency Contact Name

Phone

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Name of Family Doctor

Phone

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Health Insurance Provider

Policy Number

1. Date of most recent tetanus shot: \_\_\_\_\_
2. Do you know of any factors which might necessitate your child's following a program of limited physical activity? \_\_\_\_\_
3. Allergies:
  - a. Foods: \_\_\_\_\_
  - b. Drugs: Sulfa \_\_\_\_\_ Penicillin \_\_\_\_\_ Aspirin \_\_\_\_\_ Other \_\_\_\_\_
  - c. General: Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Stings \_\_\_\_\_
4. If your child presently is taking prescribed medication and will need it on the day of the field trip, please provide a medication form signed by your child's doctor and contact the school nurse.

DATE: \_\_\_\_\_

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Parent or Guardian Signature