

**NEUQUA VALLEY HIGH SCHOOL
FIELD TRIP HEALTH FORM**

<hr/> Location	<hr/> Date
Student's Name _____	Birth date _____
Address _____	Home Phone _____
City _____	State _____ Zip Code _____
Father's Name _____	Work Phone _____ Cell Phone _____
	Pager _____
Mother's Name _____	Work Phone _____ Cell Phone _____
	Pager _____

Identify another person to contact for Emergency calls in the event neither parent can be reached.

Name _____ **Phone #** _____ **Cell #** _____

If an emergency arises during this trip, I give consent in advance for any medical treatment or procedures deemed necessary for my son or daughter by the examining physician. Every effort will be made to reach parents in the event of serious illness or injury. I also give permission to my child to take prescribed and over the counter medication listed below.

<hr/> Signature of Parent or Legal Guardian	<hr/> Date
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Do you have private insurance? Yes ___ No ___

Name and address of company: _____

Name and Address of Insurance Company	Policy Number

Insurance Company Phone Number	

1. Does your child have special dietary or physical restrictions? Yes ___ No ___ If yes, explain _____
2. Does your child have allergies? Yes ___ No ___ If yes, explain _____
3. Does your child have asthma? Yes ___ No ___ Does your child use medication for asthma? Yes ___ No ___
4. Does your child have any health concerns at the present time? Yes ___ No ___ If yes, explain _____
5. Is your child under the care of a doctor for health concerns? Yes ___ No ___ If yes, explain _____
6. Will your child be taking prescribed medication on this trip? Yes ___ No ___ If yes, please list all medications _____
_____ Medication must be sent in the bottle with the pharmaceutical label.
7. Will your child be taking over the counter medicine for colds, allergies, stomach problems, cramps, etc? Yes ___ No ___
If yes, please list _____

Please notify _____ in writing if there are any changes. This form will be carried by staff during the trip.