

Richard Hardy Memorial School

Field Trip Health Form

Student Name: _____ Date of Birth: _____

Teacher: _____ Grade: _____

Dear Parent /Guardian:

In order to provide the best program for students traveling away from home, we need to maintain a current record of relevant health information. Please complete the following health form for our records.

Teacher Signature: _____ Date: _____

1. Does your child have any health problems that may need to be addressed during our field trip?
_____ NO _____ Yes—Please explain _____

2. Has your child had any illness/injury that may affect his/her ability to participate in field trip activities? _____ No _____ Yes—Please explain.

3. Does your child have severe allergic reactions (Food, Bee stings)? _____ No _____ Yes—Please explain. _____
4. Is your child currently taking medication that will be needed during the trip? _____ No _____ Yes—Please explain. (Give name of medication, time to be given, dose to be given—A DOCTOR'S ORDER MUST BE PROVIDED)

5. Other special needs or comments.

Please be aware that if a student is injured or is in need of medical attention during a school field trip (that a parent/guardian is not going with his /her child) 911 will be called by the teacher.

Parent/Guardian Signature. _____ Phone number. _____
