

Field Trip Permission & Health Information Form

CHESTER SCHOOLS

NAME _____ AGE _____ DOB _____

ADDRESS _____

PARENT'S NAME _____ HOME PHONE # _____

BUSINESS PHONE # _____ CELL # _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT'S NAME _____

EMERGENCY PHONE # _____

I. PERMISSION

A. I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO ATTEND SCHOOL-SPONSORED FIELD TRIPS:

Parent's Signature/Date

B. I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT BY A FIRST AID SQUAD AND/OR HOSPITAL IF NEEDED: *(Note: A child may not attend a field trip unless the school is granted this authorization OR a parent attends the trip with the child.)*

Parent's Signature/Date

II. HEALTH INFORMATION:

A. Does your child have any allergies? ___ Yes ___ No (If yes, please list: _____)

B. Is your child allergic to any medication? ___ Yes ___ No (If yes, please list: _____)

C. Is your child allergic to insect bites? ___ Yes ___ No (If yes, please list: _____)

D. Is your child allowed to take Tylenol? ___ Yes ___ No

E. Date of last tetanus shot: _____

F. List any medications your child is to take: _____

G. Should your child be restricted from any physical activities? ___ Yes ___ No (If yes, please list: _____)

H. Family Doctor: _____ Phone #: _____

I. Medical Insurance Company: _____ Identification #: _____

J. Special Instructions regarding health emergencies:

III. FOOD INFORMATION:

A. Does your child require special food? ___ Yes ___ No

B. Is your child allergic to any foods? ___ Yes ___ No

If you answered "Yes" to either A or B, please explain on the back of this sheet the foods your child cannot eat and why. Every effort possible will be made to provide special foods when we are aware of special needs in advance. It should be remembered that the child should know his/her own dietary restrictions and eat accordingly.