

**Benjamin Franklin Classical Charter Public School
Nature's Classroom Trip Health Form**

Student Information

Student's Name _____ Age _____ D.O.B. _____
Home Address _____ Town _____ Zip _____
Parent's Name _____ Home Phone _____
Cell Phone _____ Work Phone _____
Business Address _____ Medical Insurance Provider _____
Group # _____ Subscriber # _____ Subscriber Name _____
Student's Doctor _____ Phone _____

Health Information

1. Any food or drug allergy? _____ If yes, please list: _____
Other allergies? _____
2. Has your child been exposed to any communicable disease within the past two weeks? _____
If yes, what? _____
3. Is your child bringing medications or pills? _____ If yes, please list them, and indicate if refrigeration is necessary. _____
4. Are you a chaperone? _____

- If a parent is **not** accompanying a child, the field trip nurse/teacher in charge will carry and administer the child's medication. Please obtain from the school nurse or the health office website the medication order / parent permission form to be completed by the physician and the parent. Return completed form(s) to the health office. ***No medication will be given without the order/permission form. The medication must be in the original, labeled container. This includes prescription and over-the-counter medications as well as vitamins and supplements.**
- It is necessary that the school authorities know your child's physical condition. If you have any doubt that your child is in good health, have him/her checked by a doctor and forward the report to the school.
- In case of illness or injury, the teachers/school personnel in charge of the trip will contact the parents of the child. In the event of an emergency that requires medical attention, we will need parental permission.

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I give my permission, in case of emergency, for a doctor to treat my child. This may include anesthesia, and any medication and treatment the doctor deems necessary.

Parent or Guardian's signature _____ **Date** _____