

Benjamin Franklin Classical Charter Public School

Quebec 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 and indicate if it should be refrigerated _____
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 appropriate medication permission forms to be completed by the physician and the parent. ***No medication will be given without the proper permission form and 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** _____