

**Benjamin Franklin Classical Charter Public School**

**Washington DC 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 \_\_\_\_\_**