

# MEDICAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Special Health Problems \_\_\_\_\_

Last Tetanus Injection \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

Alternative Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_

Chaperones have my permission to dispense the following to my/our child (**Please circle**):

Tylenol (Acetaminophen)

Advil (Ibuprofen)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

## **\*\*\*\*\*NOTE\*\*\*\*\***

If your son/daughter has a medical condition requiring emergency medication such as Asthma Inhalers or Epi-Pens, **parents are responsible** to provide the teacher and school nurse with this information before the field trip to insure that the student has the appropriate medication available.