OVERNIGHT FIELD TRIP HEALTH FORM

Douglas County School District Re. 1

STUDENT INFO:

Student's Name:_____Birthdate:_____
Parent's Name(s):_____Home Phone:_____
Emergency Contact Name:_____ Phone_____
(if parents cannot be reached)

Student's T-Shirt Size (a shirt designed by a previous camper will be provided for your child. Please choose from the following sizes):

_____ Youth Small
_____ Youth Medium
_____ Youth Large
_____ Youth Extra Large
_____ Adult Small
_____ Adult Medium
_____ Adult Large
_____ Adult Extra Large

The health information and medication information will be shared with school personnel and overnight field trip staff as necessary to provide for your child's safety and well-being.

HEALTH INFO:

Does your child have: (circle & specify all that apply)

Allergies? NO YES
Specify: Bee/Wasp Stings Peanuts/Nuts Other _____
Asthma? NO YES
Specify: Inhaler Nebulizer Other_____
Convulsions/Seizures? NO YES
Specify: Type_____
Diabetes? NO YES
Specify: Insulin Monitored Glucose Levels
Dietary modifications: food allergies or intolerance (including milk)? NO YES
Specify: Type_____
Heart Problems? NO YES
Specify: Type_____
Other? NO YES
Specify: Type_____
Physical Limitations? NO YES
Specify: Type_____ Special equipment? _____
Does your child require a bottom bunk for sleep walking, bed wetting, seizures, restlessness, etc.?
NO YES
Specify: Type_____
Does your child take **any medications**? NO YES
Specify: Type_____
***Please note: ALL medications for field trip must comply with district medication policy. **See overnight field trip medication information sheet for specifics.**

*If your child has a condition that requires significant modifications d*uring this overnight activity, *please contact your school nurse through your school's main office.*

These guidelines are very important in order to guard your child's safety and well-being during an overnight field trip. Thank you so much for your careful attention to these important matters.