

OVERNIGHT FIELD TRIP HEALTH FORM

Elementary

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)

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 during 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.