

LONG LAKE CONSERVATION CENTER
FIELD TRIP HEALTH FORM—PLEASE PRINT

Student's Name _____

Date of birth _____ Age _____ Gender: F / M _____

Date of last Tetanus Booster _____

Parent or Guardian Name _____

Home phone _____ Work phone _____

Home address _____ City _____ State _____ ZIP _____

Name of Health Insurance _____ Policy Number _____

Insurance Company address _____

Date of birth of policy holder _____

Family doctor _____ Phone _____

Alternate emergency contact, if unable to reach parent or guardian:

Name _____ Phone _____

Address _____ City _____

Relationship to student _____

Special Information

Is the student taking medications at present? Yes No

If yes, explain: _____

Allergic reactions? Yes No

Please explain nature and severity of allergies: _____

Dietary restrictions? Yes No

If yes, explain: _____

Colorblind Yes No

Diabetic..... Yes No

Recent exposure to contagious disease Yes No

Sleepwalking Yes No

Bedwetting Yes No

Fainting..... Yes No

Does your child use or need an epi-pen Yes No

Other information or directions from parent or guardian _____

I hereby give my permission for nonprescription medication (aspirin-free) to be given to my child if deemed advisable by teachers, chaperones, or Long Lake Conservation Center staff.
In case of emergency, I hereby give permission to the physician selected by my child's teacher or LLCC staff to hospitalize, to secure treatment for and/or to order injection, anesthesia or surgery for my child as named above. (Any direction to the contrary should be specified at the bottom of this form and signed.) I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given.

Signed _____ Date _____ **E**