**Safety is our first priority!** The following information will be helpful in providing the best and wisest care for your child in the unlikely case of an emergency. It will be treated as confidential and will be hand carried by the classroom teacher during the field trip.

Name of Student Age

Name of Parent or Guardian Home Phone Work Phone

Name of Emergency Contact Phone

Name of Family Doctor Phone

Health Insurance Provider Policy Number

1. Date of most recent tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you know of any factors which might necessitate your child’s following a program of limited physical activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Allergies
	1. Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Drugs: Sulfa \_\_\_\_\_\_ Penicillin \_\_\_\_\_ Aspirin \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. General: Asthma \_\_\_\_\_\_ Hay Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Stings \_\_\_\_\_\_
4. If your child presently is taking prescribed medication and will need it on the day of the field trip, please provide a medication form signed by your child’s doctor and contact the school nurse.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE Parent or Guardian Signature