

Student Health Record

Student's Name _____ Grade _____ D.O.B. _____

Address _____ Phone# _____

Parent/Guardian's Name _____ Work Phone# _____

Cell phone# _____

In Case of Emergency Contact _____ Phone# _____
(other than parent/guardian)

Date of Last Physical _____

Medical Condition _____
(Diabetic, Asthma, Epilepsy, Allergies, etc.)

List any medication being taken on a daily basis _____

Permission to be given Tylenol, Advil, Maalox, Immodium or Midol
yes _____ no _____

Please list any other concerns or medical problems that might be a concern to the
chaperones of this trip _____

**Name of Health Insurance Company covering
student** _____

Group number _____ ID number _____

Address _____

In case of emergency, I hereby give permission for _____ **to authorize medical**
treatment while on this school-sponsored trip to

Parent/guardian's signature _____ **date** _____

*I hereby agree that the above statements of medical history are accurate and true to the
best of knowledge, and give my consent for my son/daughter go on this trip.*

Signatures

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____