



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

OVERNIGHT TRIP HEALTH INFORMATION FORM

Student Information

Student Name _____ Teacher _____ School _____

Dates Attending _____ to _____ Home Phone _____

Date of Birth _____ Sex M ___ F ___

Address _____
(Street) (City) (State) (Zip)

Family Contact Information

Father' Name _____ Mother's Name _____

Contact Number _____ Contact Number _____

In case of an emergency, please call _____
(Name & number for parent/guardian)

Physician Information

Physician Name _____ Office Number _____

Address _____
(Street) (City) (State) (Zip)

Health/Medical Insurance Information

The information that you have provided will remain confidential. The purpose of this form is to provide our nurse with health and safety information about your child.

Insurance Provider: _____

Insured Name: _____ Policy/Group # _____

1. Date of last Tetnus Booster _____

2. Check pertinent medical information:

____ Special diet ____ Seizures ____ Diabetic-Diet Controlled or Insulin Dependent

____ Asthma ____ Drug Allergies ____ Other Medical Concerns

____ Physical Restrictions ____ Food Allergies

Briefly explain _____

3. Check those that apply:

- Student will have prescription medication
- Student will have over the counter medication
- Student will NOT have any medications

I, the undersigned parent/ guardian of the above-mentioned participant, consent to the attendance of said participant and do hereby release and discharge Minooka Community High School District 111 from any and all liabilities for any injuries sustained by said participant while in attendance at said facility.

As parent/ guardian, I hereby authorize Minooka Community High School District 111 to secure and administer treatment for my child in the event of a medical emergency, which should not be delayed after a reasonable effort has been made to contact me. I hereby give permission for necessary medical, surgical and dental care during the overnight field trip.

Parent/Guardian Signature

Date