

OVERNIGHT FIELD TRIP HEALTH FORM

High School

Douglas County School District Re. 1

STUDENT INFO:

Student's Name: _____

Birthdate: _____

Parent's Name(s): _____

Cell Phone: _____

Emergency Contact Name: _____

Cell 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.

HIGH SCHOOL

District Policy and State Law regulates:

- Students in grades 9-12 may carry and self administer their own medications.
- All medications must be in a pharmacy labeled container or the original packaging. (No baggies or unlabeled bottles allowed.)

These guidelines are very important in order to guard your child's safety and well-being during an overnight field trip. Thank you for your careful attention to these important matters.