FORM J

Health and Safety Information Form – Overnight Excursions

Name of Student: ______________________________	**Age:** ________ **Gender:** ______
Address: ____________________________________	**Date of Birth:** ____________________
Family Doctor: __________________________	**Telephone:** _______________
Emergency Contact Name: _______________________	**Emergency Contact Number:** ______________________

The following information will be helpful to the teacher in making your son's/daughter's out-of-school visit more comfortable, safe and pleasant. **ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.**

1. **Does your child suffer from any of the following? (Please check)**
   - ☐ Migraine Headaches
   - ☐ Digestion Problems
   - ☐ Fainting Spells
   - ☐ Urinary Infections
   - ☐ Ear/Nose/Throat Infections
   - ☐ Cerebral Palsy
   - ☐ Skin Conditions
   - ☐ Other (ex: concussion) ___________________

   What precautions are required? _____________________________________

2. **Does your child suffer from any of the following? (Please check)**
   - ☐ Epilepsy/Seizure Disorder
   - ☐ Diabetes
   - ☐ Anxiety/Depression

   Has an Emergency Medical Protocol been established for any of the above?

   ☐Yes ☐No (Please attach)

3. **Blood Type (if known):** _________________

4. **Does he/she have any allergies?**

   ☐Yes ☐No If yes, please specify: _____________________________________

5. **Does he/she carry an Epi-Pen?** ☐Yes ☐No

If **ANAPHYLACTIC**, has the *Emergency Allergy Alert Form (Board Policy)* been completed and forwarded to the Principal? ☐Yes ☐No

6. **Is a special diet required for medical reasons**?

☐Yes ☐No If yes, please list prohibited foods: ____________________________

7. **Does he/she wear:** **Eye Glasses?** ☐Yes ☐No
Contact Lenses ☐Yes ☐No

8. **Is the student on any medication?**

☐Yes ☐No If yes, please list medication: ________________________________

Storage of Medication: ___________________________________

Has the *Administration of Medication Parent/Guardian Authorization Form* (from Board Policy) been signed and forwarded to the Principal? ☐Yes ☐No

Signature of Parent/Guardian ________________________________Date: _______________