

Field Trip Overnight / Permission & Emergency Information
Nashoba Regional High School

Student name: _____	DOB: _____
Address: _____	Tel: _____
Physician's Name: _____	Tel: _____

HEALTH HISTORY: Please note any of the following conditions, which apply to your child:

Allergies: _____

Circle serious allergies: **BEE STINGS** **PEANUTS** **OTHER** _____

State exactly your child's type of reaction: _____

State the treatment you wish to have implemented: _____

Is **EPI-PEN** required? Yes _____ No _____

My child is able to administer his/her own EPI/PEN: Yes _____ No _____

Comments: _____

Is Benadryl required? Yes _____ No _____

Comments: _____

Asthma _____ Diabetes _____ Motion sickness _____

Stomach aches _____ Headaches _____ Seizure disorder _____

Muscular/skeletal _____ Heart condition _____ Ear infections _____

Emotional/anxiety _____ Homesickness _____ Other _____

Date of last tetanus shot: ___/___/___

Please list any medical restrictions or limitations to your child's physical activities: _____

Please list any dietary restrictions: _____

List Emergency Telephone numbers where you can be reached and the hours that you would be available at these numbers:

Mother _____ Father _____

Home _____ Home _____

Work _____ Work _____

Other _____ Other _____

Please notify the following person in the event that I cannot be reached in an emergency:

_____ At () _____

_____ At () _____

The health information listed is accurate insofar as I know. My child has my permission to engage in all activities except as noted on this form.

Medical Release/Insurance Information

I, _____ Legal Guardian of _____ grant to the adult chaperones of NRHS, the right to obtain emergency medical treatment for my child, _____

during the period of the school trip. Payment for any and all medical treatment is the financial responsibility of the parent/guardian.

Father/Guardian signature: _____ Date: _____

Mother/Guardian signature: _____ Date: _____

Insurance Company _____ Policy Number _____

Subscriber's Name/Relationship _____ Insurance Co. 800 Number _____

Student Permission:

This is to certify that while on this school sponsored field trip, all school rules and policies are in effect. By my signature I understand and agree to abide by these rules and policies.

Student's signature: _____ **Date:** _____

Parent Permission:

I authorize the teacher, supervisor or school official in charge to act for me according to their best judgment in an emergency requiring medical attention when they are unable to reach me.

I hereby give my consent for the above named student to participate and attend all activities connected with this school sponsored field trip.

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Parent/Guardian signature: _____ Date: _____