

# FIELD TRIP HEALTH FORM

(Mandatory for student and multi-day adult participants)

Trip Date \_\_ / \_\_ / \_\_

**Participant Name:** \_\_\_\_\_  
Last First

**Age:** \_\_\_\_\_ **Sex:** F / M **Home Phone:** ( ) \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Office Phone:** ( ) \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy # / ID #:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Wk Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_  
 (minor participants only)

**In an emergency, please notify:**  Check here if same as above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Health History**

1. Check all allergies participant may have and briefly describe the reaction:

- |   |  |
|---|--|
| <input type="checkbox"/> Insect stings/bites _____      | <input type="checkbox"/> Seafood _____           |
| <input type="checkbox"/> Asthma (allergy induced) _____ | <input type="checkbox"/> Food (wheat/nuts) _____ |
| <input type="checkbox"/> Hay Fever _____                | <input type="checkbox"/> Penicillin _____        |
| <input type="checkbox"/> Other _____                    |  |

Check below if participant currently has or has had any of the following:

CONDITION	Past	Currently Has
Heart Defect/Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/Clotting Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

## Health History, Continued

2. Complete the following:

- a. Are there any specific activities to be encouraged, limited or avoided?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- b. Is participant able to swim?  YES  NO Circle level of ability: beginner intermediate advanced

- c. Does participant have a current tetanus shot?  YES  NO Date of shot: \_\_/\_\_/\_\_

- d. List current medications (please send with directions to be administered during trip):  
\_\_\_\_\_

- e. I give permission for me/my child to be administered the following as needed for minor discomfort while on the educational field trip: (check all that apply)

Tylenol  Advil  Cough drops  Sudophin  Antacid  Other: \_\_\_\_\_

- f. Do you/your child have any special dietary considerations?  YES  NO

If yes, please provide detailed information: \_\_\_\_\_

- g. Provide any other important health related information about yourself/your child:  
\_\_\_\_\_

### Read and sign the following:

This health history provided in this document is correct so far as I know. I understand that participation in this field trip and classroom activities is entirely voluntary. I understand that the field trip may involve: swimming, wading, boating (by canoe and/or motor), hiking, camping, fishing and other outdoor activities. I know and understand the risks and dangers involved in the above-named activities and I know and understand that unanticipated dangers might arise. Field trip staff will do everything possible to minimize potential hazard or risk.

\_\_\_\_\_  
Parent/guardian signature or adult participant signature

\_\_\_\_\_  
Date