# STUDENT MEDICAL/ MEDICATION INFORMATION

**To be given to the Aromas-San Juan Unified School District staff on the trip.**

Signature indicates your permission for the School Site Principal to share this information

Student Name: _____ Date of Birth (DOB) _____

Address _____ Telephone # _____

Parent/Guardian Name (print) _____

Parent/Guardian Cell Phone # (___) _____ Alternate Cell Phone # (___) _____

**Emergency Contact:**

Name: _____ Relation to Student: _____ Cell Phone # ( ) _____

**Health Information:**

| Does your child have any of the following conditions? | YES | NO |
|---|---|---|
| Food/Bee Sting Allergy | ☐ | ☐ |
| Diabetes | ☐ | ☐ |
| Seizure Disorder/Epilepsy | ☐ | ☐ |
| Heart Condition | ☐ | ☐ |
| Asthma (bring medication) | ☐ | ☐ |

If you have any concerns regarding your child's ability to participate, please notify the school nurse and consult your primary care physician. Please use the space below to inform us of those needs.

_____

_____

_____

**Parent/Guardian Medical Permission for** _____

*(Student's Name)*

I understand that parents/guardians will be contacted in case of serious sickness or accident. However, in the event of an emergency that requires immediate medical attention **I, the parent/guardian, hereby give permission to the physician selected by the Director or the Trip Leader in charge to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.** My child will NOT bring or carry over-the-counter, prescription or any other drugs on this field trip. I give permission for the administration of all medication listed below***. (Please provide information regarding any daily medications your child may take while on this field trip.)***

| Medical Condition | Medication | Dosage | Time | Side Effects |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Parent/Guardian Signature _____ Date _____

**Please complete and sign this form even if your child is not on any medication. Simply indicate "None" on the chart above. Then return this form to your child's teacher.**