

Beyer High School Senior Overnight Field Trip and Personal Health History Form

Name of Student _____ Home Phone _____

Mother _____ Work Phone _____ Cell Phone _____

Father _____ Work Phone _____ Cell Phone _____

Other Emergency Contact: _____ Phone _____

MY CHILD HAS NO HEALTH CONCERNS

MY CHILD TAKES NO MEDICATION

If you checked both boxes above, **STOP**, sign below and return this signed form to Beyer.

If you did not check both boxes above, continue filling out the form and return it to Beyer.

My child requires medication or has health concerns for the overnight trip (Complete MCS medication form-attached).

Medication: In order to administer medication (prescription or over-the-counter) for an overnight field trip, parents must complete the MCS medication form which includes parent signature along with the written physician's order signed off by student's physician. **This completed form must be returned to school 20 days prior to departure** with both signatures. If an inhaler or EpiPen is ordered, please indicate on the MCS medication form if student is allowed to self-carry. Medications need to be sent on the day of departure in the original container with Rx label. Over the counter medications must be in an unopened container with students name clearly marked. In the event of a medical emergency, 911 Emergency Medical Services will be called and student will be transferred to the nearest medical facility.

Allergies (Check all that apply)

I carry an EpiPen OR Inhaler (Circle One)—Needs completion of EpiPen & Metered Dose Inhaler Form

Food (list and describe reaction) _____

Medication (list and describe reaction) _____

Bee Stings (list and describe reaction) _____

Seasonal (list and describe reaction) _____

Other explain: _____

Does student have a history of: (Check all that apply and add explanation)

Asthma Carry Inhaler –Needs completion of EpiPen & Metered Dose Inhaler Form

Seizures Menstrual cramps

Bleeding disorder Musculoskeletal disorder

Diabetes Sleep disturbance

Wears glasses Hearing impairment

Fainting Wears contacts

Heart defect/disease Emotional or psychological condition

Other health condition(s) or physical limitations:

Explain health conditions checked above: _____

Does student have any diet restrictions? If yes, please explain: _____

Student is able to monitor their own dietary restrictions: Yes No

PARENT SIGNATURE: _____ Date: _____

Health Concerns/Questions? Please contact the Beyer Health Office at 574-8626