

Brother Rice High School

Confidential Student Health Information for Field Trip

Please take a moment to complete this form. This information is important should your son become ill or need medical attention during the field trip. It will be secure and confidential. The school will retain a copy and the Brother Rice chaperones will also carry a copy for the duration of the trip.

Student's Name _____

Parent/Guardian Home Phone _____ Cell Phone _____

Alternate Emergency Contact _____ Phone _____

Last Tetanus Shot (if known) _____

Condition	Yes	No	On Meds Yes/No	List Medication(s)	Comments
ADD/ADHD					
Allergies - Food					
Allergies - Insect					
Allergies -Medicine					
Anxiety					
Asthma					
Birth Defects					
Bone or Joint Problems					
Depression/Mood Disorder					
Diabetes					
Ear/Hearing Problems					
Frequent Headaches					
Glasses/Contacts					
Eye Problems					
Heart Problems					
Hospitalization					
Surgery					
Physical Restrictions					
Seizures					
Serious Injury					
Skin Disorders					
Stomach Problems					
Other					

Will your son bring over-the-counter or prescription medications on this trip? _____

If so, please list _____

Reason for student's use (i.e. headache, asthma)

I acknowledge that my son will be responsible for the self-administration of all meds listed above. I also give my consent to all Brother Rice chaperones to seek professional medical attention for my son in the event it becomes necessary. I thereby agree to be responsible for all necessary charges incurred by treatment or hospitalization rendered pursuant to this authorization.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date