

This form will be taken on all field trips

Person to contact if Parent of Guardian cannot be reached:

First contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Second Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**CHILD'S MEDICAL HISTORY – TO BE COMPLETED BY PARENT(S)**

1. Is the child allergic to anything? \_\_\_\_\_ If yes, please describe allergies: \_\_\_\_\_  
\_\_\_\_\_
2. Is child currently under doctor's care? \_\_\_\_\_ If yes, please indicate reasons  
\_\_\_\_\_
3. Is child on any continuous medications? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
4. Has child had any previous hospitalizations or surgery? \_\_\_\_\_ If yes, when and for  
what reason? \_\_\_\_\_  
\_\_\_\_\_
5. Is there any history of significant previous disease/recurrent illnesses? \_\_\_\_\_  
If so what and when? \_\_\_\_\_
6. Does child have any disabilities or developmental delays? \_\_\_\_\_ If so, please  
describe \_\_\_\_\_