

Health Form

To help plan your Wolf Ridge trip we are including a sample Health Form. Feel free to add this text to your existing form.
This form can also be downloaded at www.wolf-ridge.org/teacher_res/forms/i_forms.html

Wolf Ridge Field Trip

Student's Name _____ Birth Date _____

Address _____ Phone _____

Emergency Phone Number

Parent or Guardian _____ Home Phone _____

Parent or Guardian _____ Work Phone _____

Emergency Contact (in case you are not available)

Name _____ Phone _____ Relation _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Parent(s)/Guardian will assume the full cost of any medical or hospital expenses incurred. Medical payment coverage and reimbursement for said child is as follows:

Health insurance or medical relief coverage by _____

Address _____

Policy Number _____

Important Health Information

Do you know of any health factors that make it inadvisable for your child to participate in physical activities at Wolf Ridge?
If unsure of the range of physical activities at Wolf Ridge please consult your child's teachers.

YES _____ NO _____ If yes, please explain _____

Has your child had any serious illnesses, operation, hospitalizations, or serious accidents during the past year? YES _____
NO _____

If yes, please explain _____

Date of last tetanus shot _____

continued....

Authorization to Administer Medication

Does your child have any allergies or special health needs? YES ___ NO ___

If yes, please explain _____

Is your child receiving any medication either at home and/or at school? YES ___

NO ___ Reason for medication _____

To be filled out by physician (for both prescription and over the counter meds)

<u>Name of Medication</u>	<u>Dose</u>	<u>Time to be given</u>
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Side effects from above medication _____

It is acceptable for the student to carry medication on his/her person: YES NO

It is acceptable for the student to administer his/her own medication: YES NO

Physician's Signature _____ **Date** _____

Address _____ **Phone** _____

We the undersigned parents/guardian of _____ grant and assign staff members of _____ the authority and consent to sign medical emergency release documents both for doctors and hospitals on behalf of our child, and grant and assign to them permission and consent for emergency medical treatment, operation, administration of anesthesia, blood transfusion, or urgent medical treatment of any illness or injury that any qualified medical practitioner may deem necessary for our child's welfare in the event parents can not be contacted.

I request and authorize my child to be responsible to self-administer medication at Wolf Ridge; thereby, releasing school personnel from liability should inappropriate usage and/or restrictions result from the medication(s). YES NO

It is further understood that staff members will notify the parent / guardians of any medical treatment as soon as possible.

parent/guardian signature

Date