



# Dorchester School District Two - Field Trip Packet

## Overnight Trip Health Form – Page 6

The following is to be completed by parent/legal guardian:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Please provide health history information for your student. Chaperones will not have access to medical information previously provided to the school.

### Health History

Allergies:  Yes (Specify) \_\_\_\_\_  No

Asthma:  Yes  No      ADD/ADHD:  Yes  No      Cancer:  Yes  No

Cardiac Concerns:  Yes  No      Diabetes:  Yes  No      Seizure Disorder:  Yes  No

Physical Handicaps:  Yes  No      Sickle Cell Disorder:  Yes  No

Other: \_\_\_\_\_

Does your child take routine medications?  Yes (Specify) \_\_\_\_\_  No

Does your child take as needed medications?  Yes (Specify) \_\_\_\_\_  No

Does your child have any emergency medications?  Yes (Specify) \_\_\_\_\_  No

1. All medications to be given by staff chaperones must be ordered by a Physician/Legal Prescriber for use by students and must follow all DD2 medication guidelines.
2. Medication not currently stored with the school must be delivered to the School Nurse prior to the date of the trip by a parent/guardian in their original container with all labeling from the pharmacy intact and readable.
3. For routine or "as needed" medications, only the supply necessary for the duration of the trip should be sent.
4. Students who do not have self-carry/self-medicate orders in place will not be permitted to carry or store their own medications.
5. A DD2 Medication Permission Form is required for all student medications to be sent on trip.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian      Signature of Parent/Legal Guardian      Date