

Sodus Central School District  
**FIELD TRIP HEALTH FORM**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**In an EMERGENCY, please notify:** \_\_\_\_\_ **Same as above**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**HEALTH HISTORY**

**Check all allergies student has and briefly describe reaction**

**Insect Bites** \_\_\_\_\_  **Hay fever** \_\_\_\_\_  
 **Seafood** \_\_\_\_\_  **Other** \_\_\_\_\_  
 **Peanuts/Nuts** \_\_\_\_\_  
 **Gluten/Dairy** \_\_\_\_\_  
 **Medication** \_\_\_\_\_

**Does your child have an order to carry an EPI PEN? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Circle any conditions below that your student currently has:**

**Asthma**

**Does your child have an order to carry an Asthma Inhaler? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Heart Defect/Disease**

**Diabetes**

**Does student carry a glucometer and independently monitor glucose levels? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Does student have inserted Insulin pump/pod for independent care? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Does student carry and Insulin Pen and administers independently? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Does student carry GLUCAGON for Emergency Use? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Hypertension**

**Epilepsy**

**Does student have EMERGENCY MED to be given? Med \_\_\_\_\_ When \_\_\_\_\_**

**Call 911 YES \_\_\_\_\_ for \_\_\_\_\_ NO \_\_\_\_\_**

**Bleeding/Clotting Disorders**

**Concussion**

**Other** \_\_\_\_\_

(see back of form for additional info)