

Are there any specific activities that your child must limit or avoid? YES _____ NO _____

If YES, please explain: _____

Please list current medications that your child has a medication order on file for, that may need to be administered during Field Trips

Medication (s)	Dose	Time
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Does your child have any special dietary considerations? YES _____ NO _____

If yes, please explain: _____

Please provide any other important health related information about your child: _____

Please read and sign the following:

This Health History is correct as far as I know. I understand that participation in Field Trips is voluntary, and specific details about each individual trip will be provided before the scheduled date. I will update the chaperones/school nurse if significant changes occur in my child's health prior to each Field Trip. My signature above also allows the attending staff member to administer any medication listed on this form to my self-directed student.

Pease note: Medication must be in the original container, marked with the child's name, and provided by the nurse.

Parent/guardian sigature

Date