



FIELDTRIP PERSONAL CONTACT AND MEDICAL INFORMATION

Personal and Medical Information:

Student Name: _____ Telephone: _____

Birth Date: _____ Gender: M F

Parents/Guardians Names: _____

Best Daytime Contact Number(s): _____

Personal Health Number: _____ (mandatory for student to travel)

Family Doctor: _____ Telephone: _____

Medical History: _____

Does student wear contacts? Yes No

Medication (prescribed or otherwise - please be specific) _____

Allergies (please be specific): _____

Does student have any medical conditions the school should be aware of? (please be specific)

Emergency Contacts

Name: _____ Relationship: _____

Telephone: _____ Cell: _____

Name: _____ Relationship: _____

Telephone: _____ Cell: _____