

EDUCATIONAL TOURS

LEARNING ADVENTURES THROUGH EDUCATIONAL TRAVEL

1123 Sterling Road
Inverness, FL 34450
(800) 343-9003

Dear Parent:

Please complete the following questionnaire and return it to your Civics teacher. We require this information as a "precautionary measure" should it be necessary to provide your child with health care during our trip.

STUDENT HEALTH FORM

STUDENT NAME						
ADDRESS			CITY		STATE	ZIP
[REDACTED]		DOB	SEX	HT	WT	
HEALTH INS CO					POLICY #	
PARENT/GUARDIAN NAME					PH	
GUARDIAN ADDRESS						
EMERGENCY CONTACT/RELATIONSHIP					PH	
<p>1. Is your child being treated for any of the following?</p> <p>A. Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> D. Hemophilia or bleeding disorder Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>B. Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> E. Other (list below) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>C. Epilepsy or Seizures Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have any history of chronic illness? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
<p>2. Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>SPECIFICS</p>						
<p>3. Last Tetanus Shot (date)</p>						
<p>4. Is your child currently taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>SPECIFICS</p>						
<p>5. Do chaperones have permission to administer over the counter medications as deemed necessary? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						

I hereby give permission for the chaperones of the tour to obtain medical assistance for my child if I can not be reached.

(Parent/Guardian Signature)

~~Always place an medication in a plastic bag labeled with child's name, expiration date, and time to be administered (By Adult).~~