



Form F
HEALTH HISTORY
Overnight or Out-of-State Activities

Student Name _____

Birthdate _____

Address _____

Home Telephone _____

Parent/Guardian Name _____

Home Telephone _____

Work Telephone _____

Parent/Guardian Name _____

Home Telephone _____

Work Telephone _____

Person to be called in case of emergency if parent/guardian cannot be reached:

Name _____

Relationship _____

Telephone _____

Physician _____

Telephone _____

Last Tetanus Shot: _____

Please list any allergies (bee sting, medications, etc.) or illness that the school should be aware of: _____

Medications student is currently taking: _____

Any special information/instructions concerning medication: _____

I hereby give my permission for non-prescription medication (for example: aspirin) to be given to my child _____ if deemed advisable by designated school personnel.

IN CASE OF SURGICAL EMERGENCY: I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and signed.

Activity _____

Parent/Guardian Signature _____

_____ Date