FIELD TRIP GRADES PK-12
HEALTH INFORMATION

(Please print all information)

Name _____ Age _____ Date of birth _____

Address _____

City _____ State _____ Zip code _____ Telephone no. _____

Names of custodial parents/legal guardians _____

Mother's/female legal guardian's work phone number _____ Mobile no. _____

Father's/male legal guardian's work phone number _____ Mobile no. _____

Alternate contact name and phone number if neither parent/guardian can be reached:

Name _____ Phone no. _____

List any medical conditions/allergies, dietary restrictions, etc., of which school staff should be aware:

_____

Date of last tetanus shot: _____ School Insurance: ☐ Yes ☐ No

Insurance: If yes, company name _____ policy no: _____

PARENT PERMISSION

I give permission for designated staff to administer a Benadryl dose according to bottle directions for an allergic reaction. ☐ Yes ☐ No

I give permission for my child to receive the medication(s) listed below as needed and/or prescribed. Prescription medications require a doctor/healthcare provider's signature below. ☐ Yes ☐ No

I agree to provide the school with prescribed emergency medicine which may include but not be limited to inhalers, epi-pens, glucagon and insulin. ☐ Yes ☐ No ☐ Not Applicable

Parent signature: _____ Date: _____

MEDICATION ADMINISTRATION

****PHYSICIAN SIGNATURE IS REQUIRED BELOW FOR PRESCRIPTION MEDICATION UNLESS ALREADY ON FILE AT THE SCHOOL.** The parent must provide medications in the original container and complete the following information for each one.

Name of Medication	Dosage	Time to Administer	Date/Time Administered/Initials			

If more space is needed, use additional paper and staple to this form.

**Physician signature (Rx Med only): _____ Date: _____
(Required if not on file at school)

Signature of Designee Administering Medication _____

Roanoke County Public Schools does not discriminate with regard to race, color, age, national origin, gender, or handicapping condition in an educational and/or employment policy or practice. Questions and/or complaints should be addressed to the Director of Administration/Title IX Coordinator at (540) 562-3900 ext. 10121 or the Director of Pupil Personnel Services/504 Coordinator at (540) 562-3900 ext. 10181.