

Mukilteo School District
EXTENDED FIELD TRIP HEALTH QUESTIONNAIRE

To provide care while on the field trip it is necessary to understand the health needs of each individual student. Please complete the following information and return to school by:

June 20, 2011 Trip Date: Aug-Oct 31, 2011

(Show Band Season)

(Date)

This information will be kept in confidence, but may be shared, if needed, for the health and safety of your child.

Student Name: _____ DOB: _____ School: _____

Address: _____ City _____ ZIP _____

Home Phone: _____ Mom Cell # _____ Dad Cell # _____

EMERGENCY CONTACTS

Mother's Name: _____ Day Phone: _____ Eve Phone: _____

Father's Name: _____ Day Phone: _____ Eve Phone: _____

Other Name: _____ Relationship: _____ Phone: _____

Physician: _____ City: _____ Phone: _____

Insurance Name: _____ Group # _____

Yes No
 Medication Required on Trip? - If "Yes," provide medication, instructions and signed authorization to trip advisor.

Special Diet? _____

Any Food Restrictions? _____

Any Physical or Health Conditions? - (recent surgery, illness, bedwetting, sleepwalking, seizures, diabetes, asthma, etc.) _____

Any Allergies? _____

Tetanus Vaccine? _____

Other Comments? _____

Teacher Name

Parent/Guardian Signature

Date