



Kamiak Performing Arts Boosters  
EXTENDED TRIP HEALTH QUESTIONNAIRE

To provide care while on the extended trip it is necessary to understand the health needs of each individual student.

Please complete all of the following information and return form to \_\_\_\_\_ by: \_\_\_\_\_

Trip Date: \_\_\_\_\_ Location: Mukilteo, WA to \_\_\_\_\_ round trip.

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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

EMERGENCY CONTACTS DURING TRIP

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Location during trip (CIRCLE) Home On Trip Other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Location during trip (CIRCLE) Home On Trip Other \_\_\_\_\_

Other Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Group # \_\_\_\_\_

Yes No

Medication Required on Trip? - If "Yes," provide medication in original container, completed & signed medical authorization form to medical chaperone per instructions. This includes prescription & non prescription medication.

I will be with my child on the trip and will be responsible for carrying and dispensing my child's medication(s).

Any Physical or Health Conditions? - (recent surgery, illness, bedwetting, sleepwalking, seizures, diabetes, Asthma, etc.) \_\_\_\_\_

Special Diet? Food Restrictions? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Tetanus Vaccine - date of last tetanus vaccine \_\_\_\_\_

Other Comments? \_\_\_\_\_

\_\_\_\_\_  
Medical Chaperone Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date