

NEWTON PUBLIC SCHOOLS
OVERNIGHT AND INTERNATIONAL FIELD TRIP MEDICAL INFORMATION
FORM

- Student's Name _____
- Home Address _____
- Medical Insurance Provider: _____
 Medical Insurance Policy: _____
 Medical Insurance Policy Number: _____
 Primary Subscriber of Medical/Health Policy: _____

- If not available in an emergency, please notify:
 Name _____ Phone _____
 Address _____ Relationship _____
 Name _____ Phone _____
 Address _____ Relationship _____

- Health History:
 Ear Infection _____ Penicillin _____
 Rheumatic _____
 Fever _____ Aspirin _____
 Convulsions _____ Hay Fever _____
 Diabetes _____ Other Drugs _____

- Please list any and all allergies, drug reactions, current medications, and instructions pertaining to their administration. _____

- Date of last Tetanus immunization or booster: _____

- Dates and types of all inoculations and immunizations: _____

- Please list any and all chronic or recurring illnesses:

List any and all activities from which your child is to be restricted:

• In the event of a headache may your child take Aspirin or Tylenol?

Yes _____ No _____ Other _____

• Will you allow the teachers on the trip to take normal first aid precautions if they deem it necessary? Yes _____ No _____

• As parent/guardian of _____, in the event that I cannot be reached in an emergency, give permission to the teacher-chaperones to secure proper medical treatment for my child.

Parent/Guardian Signature
