

C.J. Hooker Middle School

Health Information Form – 7th & 8th Grade French Trip to Montréal

TO BE COMPLETED BY THE PARENTS/GUARDIANS AND RETURNED TO MR. LEWS OR MRS. CHAPMAN BY WEDNESDAY, MARCH 26, 2008.

Student name: _____ Birth Date: _____
Parent or Guardian: _____
Home Address: _____
Phone # (home): _____ (work): _____
Family Doctor: _____ Phone: _____
Insurance Carrier: _____ Policy #: _____

In case of an emergency, if unable to reach parent, contact:

Name: _____ Phone: _____
Name: _____ Phone: _____

Does your child have any problems with the following?

	YES	NO		YES	NO		YES	NO
Asthma	___	___	Environ. Allergies	___	___	Insect stings	___	___
Seizures	___	___	Hearing Loss	___	___	Sleep Walking	___	___
Diabetes	___	___	Heart Problems	___	___	Strenuous Exercise	___	___

If yes, please explain: _____

Does your child have any other serious medical problems or has he or she been under a physician's care recently? _____ yes _____ no If yes, please explain: _____

Does your child have any allergies to food? _____

Allergies to medications? _____

Dietary restrictions? _____

Has your child received all the required immunizations? _____ yes _____ no

What date was the last tetanus shot? _____

Medications:

The student may not have any medications (pill or oral liquid) in his/her possession. This includes over-the-counter medication such as Tylenol. All medication must be given to and held by a school representative, who will administer it according to the written instructions. All medications must be in the original pharmacy container and delivered on Monday, 14th by parent/guardian to Mr. Lewis, Mrs. Chapman, or Mrs. Mulligan.

My child may have the following medication if needed (please check):

___ Tylenol ___ Cough medicine ___ Antacid ___ Other _____

These should be in the original container and labeled with child's name.

List any prescription medications your child must take on a regular schedule:

Medication	Dosage	How Often	When
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the best of my knowledge the above information provided is correct and my child has permission to engage in all activities. In case of medical emergency, I understand I will be notified as soon as possible by the school representative. I hereby give permission to the physician selected by the Director or his/her designee to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. I also give permission for my child's school representative or staff to transport my child to the hospital or medical/dental office if needed. Any directions to the contrary should be specified at the bottom or back of this form and signed.

Parent Signature _____ Date _____