

ROGER LUDLOWE MIDDLE SCHOOL
GRADE 8 TRIP
APRIL 30 – May 2, 2014

STUDENT MEDICAL INFORMATION FOR SCHOOL CLASS TRIPS

Student's Name: _____ Date of Birth: _____

1) Please list any current medical problems/conditions we should be aware of:

2) Date of last Tetanus Vaccine: _____
(please call your physician for this information)

3) Please list any allergies (medication, inhalant, food, insect):

4) List any limitations to strenuous physical activity:

5) Please list, with dates, any major illnesses or injury within the past two years:

6) Name and dosage of medication student will be taking during this trip:
(See attached medication form)

PLEASE SIGN THE DECLARATIONS BELOW

In the event that a reasonable attempt has been made to contact me (or emergency contact) has been unsuccessful, I hereby give permission to seek and administer medical attention for my child by a licensed medical professional. This consent does not cover major surgery unless the medical opinion of two licensed professionals is obtained prior to the performance of such surgery.

Signature of Parent or Guardian

Date

ADDITIONAL COMMENTS:

Please return by October 14, 2013