

**FAYETTE COUNTY SCHOOL SYSTEM
REQUIRED HEALTH INFORMATION
FOR OVERNIGHT FIELD TRIP**

School _____ Date of Trip _____

Destination _____ Student _____

Date of Birth _____

It is mandatory to have current health and insurance information on file.

Please complete the following:

1. Name of Insurance Carrier _____ Policy Number _____

(A photocopy of the health insurance card is attached).

2. Physician's Name _____ Phone Number _____

3. **Emergency numbers:**

a. Mother/Guardian (home) _____ (work) _____ (cell) _____

b. Father/Guardian (home) _____ (work) _____ (cell) _____

c. Other contacts Name _____ Relationship _____ (cell) _____

4. **Allergies:** Please specify yes or no to each item

a. Food Yes No Type: _____

b. Medication/Drugs Yes No Type: _____

c. Insect Stings Yes No

d. Other _____ Yes No

Symptoms of reactions _____

5. Please check any of the following **OTC Medications** that can be administered by school personnel to your child in case of illness during the trip per package directions.

___ Advil ___ Benadryl ___ Cough Drops ___ Imodium
___ Pepto-Bismol ___ Tums ___ Tylenol ___ Other

6. Please check one of the options below if your child requires **Prescription Medications** to be administered during the trip. **All prescription medications MUST be provided in their original containers and placed in a plastic bag labeled with your child's name.**

___ My child has a current School Medication Authorization form and medication in the school clinic which may be used during the trip (including emergency medications).

___ A completed and physician signed School Medication Authorization is attached (available on the www.fcboe.org website, School Health Services section).

I give my permission for the teachers of the Fayette County School System to administer the medications listed above (I have furnished) and seek medical treatment if needed for my child during the overnight field trip.

Restrictions/Health Concerns _____

Parent/Guardian Signature _____ Date _____