

**DISTRICT #113 MEDICAL FORM
FOR EXTENDED (MULTIPLE DAYS)/ INTERNATIONAL TRIPS**

Information on this page is necessary to ensure that your student receives appropriate care while on this trip and therefore may be shared with trip chaperones and other non-District 113 staff as necessary.

Student Name _____ **Date of Birth** _____ **OR** **FR** **SO** **JR** **SR**

Address _____ **City** _____ **Zip** _____

Student Cell Phone _____

Parent/Guardian (1) _____

Address _____ **City** _____ **Zip** _____

Phone: Home _____ **Work** _____ **Cell** _____

Parent email: _____

Parent/Guardian (2) _____

Address _____ **City** _____ **Zip** _____

Phone: Home _____ **Work** _____ **Cell** _____

Parent email: _____

Emergency Contact – Person to contact if unable to reach parent or guardian:

(Emergency contact's name)

(Emergency contact's phone)

Student's Physician _____ **Phone** _____

Known allergies: No _____ Yes _____ **If yes, list each and indicate reactions**

medications (s) _____	reaction _____
food _____	reaction _____
other _____	reaction _____

Does the student carry:	Emergency epinephrine?	Yes _____	No _____
	Asthma inhaler	Yes _____	No _____
	Diabetes medication	Yes _____	No _____

Known health conditions: _____

Does student have any special dietary restrictions? Yes _____ No _____

If yes please describe: _____

Medication routinely taken and required for this trip:

Name _____ **Dosage** _____ **Time** _____

Name _____ **Dosage** _____ **Time** _____

Name _____ **Dosage** _____ **Time** _____