

Excursions in Learning Health Supplemental Form

STUDENT INFORMATION

Child's First Name	MI	Last Name	Date of Birth
Address:			
Parent One (Name & Phone)		Parent Two (Name & Phone)	
Additional Adults Authorized to Pick Up Your Child:			
Adult 1	Adult 2	Adult 3	
Parent Emails			

STUDENT HEALTH INFORMATION

List and explain any allergies:		
List any health conditions:		
List all medications and dosages:		
<i>(If EpiPen, Benadryl®, inhaler or other medications may need to be administered during the Excursions program, please ask your child's pediatrician for a signed medical authorization form and submit to Linda Armstrong, Excursions in Learning Coordinator.)</i>		
If your child receives any additional accommodations at their school, please explain:		
Would you like the nurse to contact you before the program starts?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of last medical exam:	Physician's Name and Practice	
Physician's Phone		
Parent/Guardian Printed Name	Signature	Date