



# Excursions in Learning Health Supplemental Form

To be completed by the student's parent or guardian and returned to Linda Armstrong, Excursions in Learning, MS #16, Manchester Community College, P.O. Box 1046, Manchester, CT 06045-1046; or fax form to 860-512-2801; or scan form and attached to email and send to larmstrong@manchestercc.edu.

## STUDENT INFORMATION

Child's First Name	MI	Last Name	Date of Birth	
Street Address				Apt. #
City			State	Zip
Parent/Guardian Name		Relationship to Child		
Home Phone	Cell Phone		Email	
Additional Parent/Guardian Name		Relationship to Child		
Home Phone	Cell Phone		Email	

## 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? (TAG Academy and Tech/Steam programs only) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of last medical exam:	Physician's Name and Practice	
Physician's Phone		
Parent/Guardian Printed Name	Signature	Date