



Excursions in Learning Health and Safety 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 |
| Mother/Guardian Name | Phone Number(s) | | |
| Father/Guardian Name | Phone Number(s) | | |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last medical exam: | Physician's name and practice address/phone: |

ADDITIONAL EMERGENCY CONTACTS

If parents/guardians unreachable:

| | | |
|-----------|-----------------------|-----------------|
| Full Name | Relationship to Child | Phone Number(s) |
| Full Name | Relationship to Child | Phone Number(s) |

AUTHORIZED PICK-UP IN ADDITION TO PARENTS

PHOTO RELEASE AND CONSENT REQUIRED

As part of our ongoing effort to promote the program, we may take photographs and video of children involved in learning activities. Do we have permission to photograph/film your child and place said photos/videos in advertisements, our catalog, our Facebook page and website? Names will not be used. Yes No

In the unlikely event that reasonable attempts to contact the child's parents/guardians and emergency contacts have been unsuccessful, I hereby give my consent for the Excursions in Learning nurse to arrange for emergency transportation and/or care.

| | | |
|------------------------------|-----------|------|
| Parent/Guardian Printed Name | Signature | Date |
|------------------------------|-----------|------|