



Lake Shore Public Schools

UNIFORM FIELD TRIP/HEALTH HISTORY FORM

Teacher _____

School _____ School Year _____ Grade _____

STUDENT INFORMATION

| | | | |
|--|------------------------------|--|--|
| Student's Full Legal Last Name | Full Legal First Name | MI | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Street Address | City, Zip Code | Primary Phone() Alternate Phone() | |
| Student's Date of Birth | Height | Weight | |
| Name of Parent(s) or Guardian(s) TO CALL IN CASE OF EMERGENCY | | | |
| Female: | | Male: | |

MEDICAL INFORMATION

Indicate if your child has had any problems with the following:

| | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Trouble breathing through nose, other than during a cold |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Frequent upset stomach, heartburn, indigestions, peptic ulcer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Nervous breakdown or periods of marked depression |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Does your child have any allergies? |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Nausea | If yes, list allergens _____ |
| <input type="checkbox"/> Fear of heights | <input type="checkbox"/> Sun poisoning | <input type="checkbox"/> Does your child take any medications regularly? |
| <input type="checkbox"/> Foot Trouble | <input type="checkbox"/> Vomiting & Seasickness | If yes, list medications _____ |

| | | |
|---|--------------------------------------|--|
| Has child had surgery within the last two years? <input type="checkbox"/> Yes If yes, what? _____ | Date of last tetanus shot or booster | Is child a vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has child had his/her appendix removed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Has child had a checkup by a dentist within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does your child have any physical impairment or disability that might affect his/her ability to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please explain: _____ | | |
| Indicate any other special considerations, such as reactions to medication, of which we should be aware _____ | | |

PARENTAL CONSENT

In the event of either illness or an accident, we will attempt to telephone child's parents/guardian. If we are unable to contact a parent/guardian, we will contact child's family doctor.

| | | |
|-----------------------------|-----------------------|------------------|
| Doctor's name | Doctor's phone number | Doctor's Address |
| Parent/Guardian Signature | | |
| Alternate Emergency Contact | | Phone |
| Name: | Relationship: | |

I CERTIFY THAT THE ABOVE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Parent/Guardian Signature

Date



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As used herein: "FIELD TRIP SPONSORS", shall include the Lake Shore Public Schools, attending faculty members, adult chaperons and licensees, and "UNDERSIGNED" shall be the father and/or mother, or the guardian, or the student if eighteen years or older.

The UNDERSIGNED understand that during the field trip in which the student is participating under the direction of the FIELD TRIP SPONSORS, certain risks and dangers may occur, including but not limited to hazards of accidents or illness, the forces of nature, and travel by airplane, automobile, bus, train or other conveyance.

In partial consideration of, and as partial payment for, the right to participate in this field trip and related activities and to utilize the services, including food, as provided, the UNDERSIGNED hereby assume all risks set forth above and hereby hold the FIELD TRIP SPONSORS harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which arise from or in connection with the above-described field trip and related activities. The terms hereof shall serve as a release and assumption of risks for the heirs, executors, administrators and members of the student's family. In the event emergency medical treatment is required for the student while he is under the control and direction of the FIELD TRIP SPONSORS and if consent is a requisite to any such treatment, the UNDERSIGNED hereby grant to the FIELD TRIP SPONSORS the right to give consent to such treatment for the students on the behalf of the UNDERSIGNED. Said consent may be granted or withheld by the FIELD TRIP SPONSORS as each of them, in their sole discretion, shall determine. The UNDERSIGNED hereby waive any claim which they may have against the FIELD TRIP SPONSORS arising from the granting or withholding of the aforesaid consent.

| | |
|------------------------------|-------------------------|
| Student Name | Date of Birth |
| Parent/Guardian Name (print) | Date |
| Parent/Guardian Signature | Primary phone () |