### Lake Shore Public Schools
UNIFORM FIELD TRIP/HEALTH HISTORY FORM

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Student’s Full <strong>Legal</strong> Last Name</th>
<th>Full <strong>Legal</strong> First Name</th>
<th>MI</th>
<th>Sex</th>
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<th>F</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>City, Zip Code</td>
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<tr>
<td>Student’s Date of Birth</td>
<td>Height</td>
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**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:

- [ ] Asthma
- [ ] Headaches
- [ ] Trouble breathing though nose, other than during a cold
- [ ] Claustrophobia
- [ ] Hearing Difficulty
- [ ] Frequent upset stomach, heartburn, indigestions, peptic ulcer
- [ ] Diabetes
- [ ] Heart Problems
- [ ] Nervous breakdown or periods of marked depression
- [ ] Dizziness
- [ ] High Blood Pressure
- [ ] Foot Trouble
- [ ] Vomiting & Seasickness
- [ ] Does your child have any allergies?
  - If yes, list allergies ____________________________
- [ ] Does your child take any medications regularly?
  - If yes, list medications ____________________________

Has child had surgery within the last two years?  
- [ ] Yes  
- [ ] No

Has child had his/her appendix removed?  
- [ ] Yes  
- [ ] No

Has child had a checkup by a dentist within the last year?  
- [ ] Yes  
- [ ] No

Does your child have any physical impairment or disability that might affect his/her ability to participate in this program?  
- [ ] Yes  
- [ ] 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**

- [ ] Name: ____________________________  
  - Relationship: ____________________________  
  - Phone: ____________________________

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

__________________________  
Parent/Guardian Signature  
__________________________  
Date
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 their behalf. 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.

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<tr>
<th>Student Name</th>
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<tbody>
<tr>
<td>Parent/Guardian Name (print)</td>
<td>Date</td>
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<td>Parent/Guardian Signature</td>
<td>Primary phone</td>
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