

**OVERNIGHT FIELD TRIP HEALTH FORM**  
**Elementary**  
**Douglas County Schools District Re. 1**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*The health information and medication information will be shared with school personnel and overnight field trip staff as necessary to provide for your child's safety and well-being. If your child has a condition that requires significant modifications during this overnight activity, please contact your school nurse through your school's main office.*

**HEALTH INFO:**

Does your child have: (circle & **please give specific information** for all that apply)

**Allergies?**      NO                  YES  
Specify:    Bee/Wasp Stings                  Peanuts/Nuts                  Other \_\_\_\_\_

**Asthma?**                  NO                  YES  
Specify:    Inhaler                  Nebulizer                  Other \_\_\_\_\_

**Convulsions/Seizures**                  NO                  YES  
Specify:    Type \_\_\_\_\_

**Diabetes?**                  NO                  YES  
Specify:    Insulin                  Monitored Glucose Levels

**Dietary modifications: food allergies or intolerance (including milk)?**  
Specify:    Type \_\_\_\_\_

**Heart Problems?**  
Specify:    Type \_\_\_\_\_

**Other?**  
Specify:    Type \_\_\_\_\_

**Physical Limitations?**  
Specify:    Type \_\_\_\_\_ Special Equipment \_\_\_\_\_

**Does your child require a bottom bunk for sleepwalking, bed-wetting, seizures, restlessness, etc.?**  
Specify:    Type \_\_\_\_\_

**Does your child take any medications?**  
Specify:    Type \_\_\_\_\_

**Please list ALL medications or over-the-counter products that you will be sending on this trip for your student.** A Provider Medication Authorization form must be completed for **all medications** you are sending with your student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Please note: ALL medications for field trip must comply with district medication policy. **See overnight field trip medication reminders and timeline for specifics.**