

**LIBERTY SCIENCE TRIP  
HEALTH INFORMATION FORM**

**Student information:**

Student's last name	Student's first name	Date of birth	LC/Advisor
Street address		Home phone	

**Parent/Guardian information:**

Name	Relationship	Primary day time phone	Primary evening phone
Name	Relationship	Primary day time phone	Primary evening phone

**Emergency contact information:**

List two nearby neighbors or relatives who would assume responsibility for your child if we cannot reach you:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

**Medical information:**

**Please complete the items listed below. If not applicable, please put "N.A" on the line provided.**

1. Student's Physician: \_\_\_\_\_  
Name Phone number
2. List any allergies to foods, medications, insect bites, etc.  
\_\_\_\_\_  
\_\_\_\_\_
3. Please list any health problems your child has?  
\_\_\_\_\_  
\_\_\_\_\_
4. List any medications your child takes on a daily basis.  
\_\_\_\_\_  
\_\_\_\_\_
5. List any medications that are **ESSENTIAL** for your child **to receive on the trip**. Frequently medication times can be adjusted and can be given by a parent before or after the trip.  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*PLEASE NOTE THAT THE PHYSICIANS ORDER AND MEDICATION MUST BE RECEIVED AT LEAST 1 WEEK PRIOR TO THE TRIP\*\***

6. **MEDICAL EMERGENCY:**  
In the event I cannot be reached, I hereby give my permission to the physician selected by the school to hospitalize, secure proper treatment for my child. I understand that every effort will be made to contact the parent/guardian and the physician of the participant.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_