

**Liberty Science Trip
Health Information Form**

Student information:

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

Name	Relationship	Primary day time phone	Primary evening phone
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Name	Relationship	Primary day time phone	Primary evening phone
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Emergency contact information:

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

Name:	Phone:	Relationship:
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Name:	Phone:	Relationship:
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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 2 weeks 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:** _____