

MEDICAL INFORMATION FORM

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Allergies to Medication:

Chronic or Acute Illnesses:

Medication Presently Being Taken:

Other Facts we Should Know:

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Insurance Company insuring your child:

\_\_\_\_\_

Group # \_\_\_\_\_

Identification # \_\_\_\_\_

Toll Free Number of Insurance Company

\_\_\_\_\_

Does your child have a medical condition that limits them in participating in any of the field trip activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, you must provide documentation from a physician advising of the limitations before your child may attend the field trip.

Does your child need to take medication while on the field trip? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, you must provide a physicians note with adequate instructions for administering the medication and the medication must be in its original container marked with your child's name. In addition please read the following paragraph and initial below:

I give my permission to the chaperones, volunteers, or other adult supervisors, to administer the above-referenced medication to my child, and I release and hold harmless (SCHOOL/PARISH), the Diocese of Orlando, and any of their religious, employees, teachers, volunteers, agents, and representatives from any injury or harm resulting from administering the medication.

Initials \_\_\_\_\_.

I acknowledge that all of the information provided is true and correct and will only be disclosed to the chaperones, volunteers, or other adult supervisors attending the field trip and any medical providers as needed.

Parent/Guardian Signature

Date