

IMPORTANT HEALTH INFORMATION:

This form must be completed, **signed by a parent and physician**, and returned to your School Office as soon as possible. Students may not participate without this completed form on file. Please make a copy of this form for your records before returning it. *The OHSAA athletic form is not acceptable for overnight travel.*

Student Last Name	First	MI
_____	_____	_____
Date of Birth	Grade	
_____	_____	
Academic Year _____ - _____ Destinations:		

Parent Medical Statement:

I hereby state, to the best of my knowledge, my student listed here is in good health and is physically and mentally able to participate in overnight school travel. I authorize all medications listed below to be administered as instructed.

Parent's printed name _____

Parent's Signature _____

Date _____

Student Health History:

Date of last Tetanus booster: _____

Does student have any physical restrictions or limitations in any activities? Yes No If Yes, explain _____

Please check all that apply:

Seizures/epilepsy

Infection (My child is currently taking antibiotics for this infection Yes No)

Drug Allergies (list drugs) _____

Food Allergies (list foods) _____ My child carries an Epi-pen for this allergy Yes No

Other Allergies such as Latex or Bee Stings (please list) _____

Diphenhydramine HCL (i.e. Benadryl) - _____ mg po q_____h for minor allergic reactions

EpiPen _____ mg, IM, into outer thigh and call 911 for emergency treatment of severe, life threatening allergic reaction

Asthma inhaler _____ - _____ puffs _____ q_____h for wheezing, shortness of breath, cough

Diabetes (My child has a pump Yes No) (My child requires daily Insulin injections Yes No)

Refrigeration/electricity for medical equipment/medication required Yes No If Yes, explain _____

Illness, surgery or hospitalization in the last 3 months – Reason _____ Date _____

Medications:

ALL Medications that will be taken while on CHCA trips including any prescription medications such as antibiotics, Epi-pens, Inhalers and any over-the-counter medications such as Tylenol or Motrin require the completion of the separate **Self Medication Agreement** form which must be signed by an MD.

All medications must be in original bottles with labels and instructions. Students requiring injections should provide medications, syringes, and written signed instructions.

Physician's Medical Statement:

I understand that the student will possibly be exposed to sanitation issues (i.e. contaminated water, etc.) and will have an active, full schedule daily. Persons with any immunosuppressed or chronic illness may be at risk to their overall health.

I have examined* _____ on _____. S/he is in good health and is physically and mentally able to participate in this school trip. S/he does not have any injury, illness or disability that will prohibit activity.

MD Name printed _____

MD Signature _____

MD Phone _____

Date _____

*Examinations must be within one year of scheduled school trip.