Field Trip Medical and Contact Information Form

Field trip medical and contact information is collected for all participants for use only during emergency situations. Your medical information will only be accessible to the trip leaders and this document will be destroyed after the trip is over.

Personal Information

Full name: _____ Birth date: _____

Home address: _____

Cell phone: _____ Email: _____

Emergency Contact

Emergency contact name*: _____

Relationship to you: _____

Home phone: _____ Work phone: _____ Cell phone: _____

***Your emergency contact must be available during the time you participate in this field trip.**

Medical History

Do you have any allergies (food, medical, environmental, or other)? Write "no allergies" if not.

Allergen	Reaction to allergen	Medications needed (if any)

Do you have any dietary restrictions? Please explain:

_____

_____

_____

Are there any medications you take that trip leaders will need to know about in emergency situations (e.g. insulin for diabetes)? This information will be given to emergency medical workers in case of emergency.

Name of medication:	What is it for?

Please note that you are responsible for bringing any prescription medication you may need.

Please check whether you currently have or have had in the past:

		Yes	No
1	Hearing or vision problems		
2	Respiratory problems (including asthma)		
3	Back problems		
4	Joint or other musculoskeletal problems		
5	Serious illness or hospitalizations in the last year		
6	Surgeries in the last year		
7	Heart problems or high blood pressure		
8	Serious reactions to high or low temperatures		
9	Difficulties with moderate or high altitude		
10	Seizure disorders		
11	Diabetes		
12	Other (explain below)		

For each of the conditions for which you answered yes, please provide a brief description and requests for assistance that you might require on the field trip. Please let us know what might trigger a problem on a field trip, or make it worse, and how you treat the problem when it occurs. Feel free to enclose additional sheets if necessary.

_____

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Do you have any other medical conditions that might affect your ability to participate in this field trip? Please explain:

_____

_____

_____

The information provided in this form is accurate to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

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