

Medical Information Form
7th Grade Texas History and Science Field Trip

Student's Name _____

Please list any allergies or medical problems that your child may have. These may need to be shared with an emergency room attendant or school personnel in case of an emergency. **If none, please note below.**

List any medication(s) your child will be taking during the trip. All medications must be in original containers with pharmacy label or doctor's prescription. Please place into a Ziploc bag and write the child's name on the bag. This will be turned over to the designated staff member. **Please have these at the school nurse's office no later than Monday, March 30, 2020.**

NO MEDICATION WILL BE GIVEN TO YOUR CHILD UNLESS THIS FORM HAS BEEN COMPLETED

INSURANCE INFORMATION

Insurance Company _____

Insurance phone number to verify coverage _____

Insured's employer _____

Insured's name _____ Policy# _____

Insured ID# _____ Group # _____

Please include copy of insurance card.