

HEALTH FORM FOR OVERNIGHT TRIPS

Name _____ Age _____

In Emergency, Notify _____ Phone _____

Address _____

Past Illnesses: (Please check, giving approximate date, if possible.)

Frequent colds _____ Kidney Problems _____

Chicken Pox _____ Frequent Sore Throat _____

Heart Trouble _____ German Measles _____

Sinusitis _____ Rheumatic Fever _____

Mumps _____ Abscessed Ears _____

Convulsions _____ Scarlet Fever _____

Bronchitis _____ Tuberculosis _____

Polio _____ Asthma _____

Diabetes _____ Whooping Cough _____

Stomach Upsets _____ Allergies _____

Car Sickness _____ Flu _____

Other (Please specify) _____

Operations or serious injury _____

Penicillin or other drug reactions _____

In case of surgical emergency, I hereby give permission to the physician selected by the chaperone to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.

Signed _____

Parent or Guardian

Date

Hospitalization insurance:

Company _____

Number _____

(continued on back)

Please list any ailment or affliction which should be known by the director, such as allergies, free bleeding, frequent nose bleeding, severe headaches, nervousness, etc., or present medication to be taken with directions.

I hereby give permission and approval for medical aid to be administered to my child by a medical doctor in case of an accident or illness.

Signed _____ **Date** _____
Parent or Guardian Date

In case of emergency I can be reached at the following phone numbers:

Phone Number _____ Hours _____ Day _____

Phone Number _____ Hours _____ Day _____

Phone Number _____ Hours _____ Day _____

Parent Remarks: