

**GRADE 8 TRIP  
STUDENT HEALTH & MEDICAL INFORMATION**

<b>Student Name:</b>	<b>Birth Date:</b>
<b>Address:</b> x	<b>Telephone:</b>
<b>Physician's Name:</b>	<b>Emergency Telephone:</b>

**Health History**

In the space provided below, please indicate any health concerns we should know about. This would include any medications your child takes.

**Allergies and dietary restrictions**

Please list any food or medical allergies which might affect your child while on tour (i.e. pet allergies are not necessary here). List any dietary restrictions or allergies.

THIS HEALTH INFORMATION IS ACCURATE AS FAR AS I KNOW. MY CHILD HAS PERMISSION TO ENGAGE IN ALL ACTIVITIES EXCEPT AS NOTED ABOVE. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I AUTHORIZE THE SCHOOL AND/OR ITS AGENTS TO OBTAIN THE PROPER TREATMENT TO ASSURE THE HEALTH AND WELL-BEING OF MY CHILD. THEIR AUTHORIZATION SHALL ALSO EXTEND TO AND INCLUDE HOSPITALIZATION FOR FIRST AID WHERE/WHEN NECESSARY.

Child's Medicare Number	Expiry Date	Parent/Guardian Signature

