

EXTENDED FIELD TRIP and EMERGENCY HEALTH FORM

To be filled out by the parent/guardian of the student attending the extended field trip or camp.

Name of Student: _____ Birthdate: _____

Social Security Number: _____ (Disclosure of SS# is voluntary. It will be used for securing emergency medical care).

Name of parent/guardian: _____

Home address: _____

Phone: Home: _____ Work: (mother) _____ Work (father) _____

Cell/pager(mother) _____ Cell/pager (father) _____

Student's physician: _____ Phone: _____

Name, address, and phone number of the two people who could be contacted in case of emergency if the parent/guardian cannot be reached (relatives, close friends). These people may not provide information regarding where the parent/guardian might be reached, or they might be asked to give advice/permission for the medical care. PLEASE NOTIFY THESE INDIVIDUALS THAT THEIR NAMES HAVE BEEN GIVEN FOR THIS PURPOSE.

1)Name:	2)Name:
Address:	Address:
Phone(day):	Phone(day):
Phone(night):	Phone(night):
Cell/Pager:	Cell/Pager:

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event that I/we cannot be contacted to authorize emergency medical treatment for _____ during his/her participation in the camp/field trip, the Titan Robotics Club mentor in charge of medical care has my permission to authorize emergency medical treatment. I also give permission for the TRC to transport my child to a medical treatment center id needed.

Signature of parent/guardian _____ Date _____

Needed in case of emergency:

Name of insurance company: _____

Name of subscriber: _____

Policy # _____

HEALTH EMFORMATION: The following health conditions can be of concern; please check any that have been a problem in the past or are currently a concern. If your student has a **life threatening condition** (sever asthma, severe allergic reaction, diabetes, seizures, etc.), a Health Care Plan **must** be attached.

Condition	Past Problems	Current Problem	Please Explain
Abnormal Bleeding:	_____	_____	_____
Allergies: Please circle type of allergy: foods, insects, medication, environment, other _____ **Attach Emergency Health Care Plan	_____	_____	_____
Diabetes: **ATTACH Emergency Health Care Plan	_____	_____	_____
Frequent Infections:	_____	_____	_____
Heart/Circulatory Problems:	_____	_____	_____
Seizures: **Attach Emergency Health Care Plan	_____	_____	_____
Intestinal Problems: (Including frequent stomach aches, constipation, diarrhea, indigestion, etc.)	_____	_____	_____
Respiratory Problems:	_____	_____	_____
Urinary Problems: (Including bed wetting)	_____	_____	_____
Other, please indicate	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your child physically able to take part in all trip activities? Yes _____ No _____

If no, what limitations are needed?
