



# Southbridge Public Schools

25 Cole Avenue, Southbridge MA 01550

Telephone: (508) 764-5414

## OVERNIGHT/EXTENDED TIME/INTERNATIONAL FIELD TRIP HEALTH FORM

*This form is mandatory for all students and chaperones participating in an overnight / extended / International Field Trip.*

Field Trip: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Student ☐ Chaperone ☐

Age: \_\_\_\_\_ Sex: F / M Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # / ID #: \_\_\_\_\_

Parent/Guardian – minor participants only:

Name \_\_\_\_\_ Wk Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

In an emergency, please notify:

☐ Check here if same as above

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Health History

1. Check all allergies participant may have and briefly describe the reaction:

☐ Insect stings/bites \_\_\_\_\_ ☐ Seafood \_\_\_\_\_

☐ Asthma (allergy induced) \_\_\_\_\_ ☐ Food (wheat/nuts) \_\_\_\_\_

☐ Hay Fever \_\_\_\_\_ ☐ Penicillin \_\_\_\_\_

☐ Other \_\_\_\_\_

It is the policy of the Southbridge Public Schools pursuant to Federal and Massachusetts laws not to discriminate against individuals on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation or disability, the administration of its educational programs, activities, or employment policies

Es la política de las Escuelas Públicas de Southbridge, de conformidad con las leyes Federales y de Massachusetts, no discriminar a los individuos por raza, color, sexo, identidad de género, religión, origen nacional, orientación sexual o discapacidad, la administración de sus programas educativos, actividades, o políticas de empleo.

Check below if participant currently has or has had any of the following:

CONDITION	Past	Currently Has
Heart Defect/Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/Clotting Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Complete the following:

- a. Are there any specific activities to be encouraged, limited or avoided? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

- b. Is participant able to swim? ☐ YES ☐ NO Circle level of ability: beginner intermediate advanced

- c. Does participant have a current tetanus shot? ☐ YES ☐ NO Date of shot: \_\_/\_\_/\_\_

- d. List current medications (please send with directions to be administered during trip):

\_\_\_\_\_

- e. I give permission for me/my child to be administered the following as needed for minor discomfort while on the educational field trip: (check all that apply)

☐ Tylenol ☐ Advil ☐ Cough drops ☐ Sudophin ☐ Antacid ☐ Other: \_\_\_\_\_

- f. Do you/your child have any special dietary considerations? ☐ YES ☐ NO

If yes, please provide detailed information: \_\_\_\_\_

- g. Provide any other important health related information about yourself/your child:

\_\_\_\_\_

Read and sign the following:

This health history provided in this document is correct so far as I know. I understand that participation in this field trip and classroom activities is entirely voluntary. I understand that the field trip may involve: swimming, wading, boating (by canoe and/or motor), hiking, camping, fishing and other outdoor activities. I know and understand the risks and dangers involved in the above-named activities and I know and understand that unanticipated dangers might arise. Field trip staff will do everything possible to minimize potential hazard or risk.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date