

HEALTH PROFILE
One Suggestion
Information to Parents/Caregivers

Parents should be sent full information about the trip. This should usually include a cover letter, parental consent form, and health profile.

Health Profile

Name _____

Medic Alert Number
(if applicable) _____

1. Please check if you have any of the following:

Migraine

Epilepsy

Asthma

Diabetes

Travel sickness

Seizures of any type

Chronic nose bleeds

Heart condition

Dizzy spells

Color blindness

Other (please specify) _____

2. Are you currently taking medication(s) Yes _____ No _____

If Yes, please state Ailment(s) _____

Name of medication(s) _____

Dosage and time(s) to be taken _____

Other treatment _____

3. Have you had any major injuries (breaks or strains) or illness in the last six months that may limit full participation in any activities? Yes _____ No _____

If Yes, please state the injury or illness _____

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	_____

Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
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What treatments are required? _____

5. When was your child's last tetanus shot? (date) ____/____/____

6. Please outline any dietary requirements or restrictions.

7. Which of the following over the counter medications may be given to your child for the following symptoms: (please check)

Tylenol (for pain not associated with dehydration)

Benedryl (for minor allergic reactions)

Immodium (for diarrhea)

Epi Pen (epinephrine for severe allergic reactions, including compromised breathing)

8. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks? Yes ____ No ____

If yes, please give brief details _____

9. Is there any information the staff should know to ensure the physical and emotional safety of your child? Yes ____ No ____

If yes, please state or attach the information _____

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the trip.

In the case of an emergency, I agree to my child receiving any emergency medical treatment as considered necessary by the medical authorities present.

Print Name _____

Signed _____

(to be read and signed by the parent or guardian of the student participant)

Date ____/____/____