

Gull Lake Community Schools Trip Medical Form

Name _____ Last _____ First _____ Middle _____

Birth Date _____ Sex _____ Age _____

Parent/Guardian _____

Home Address _____
Street Address _____

City _____ State _____ Zip _____

Phone () _____ Cell Mom () _____ Cell Dad () _____

If we are not available in an emergency, please notify:

1. _____ Phone () _____
(Relationship)

2. _____ Phone () _____
(Relationship)

HEALTH HISTORY (check all that apply):

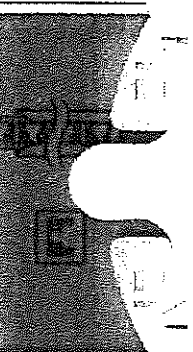
Asthma	Inhaler Yes	No	Allergies:	Epi Pen Yes	No
Ear Infections	_____	_____	Stings	_____	_____
Migraines	_____	_____	Hay Fever	_____	_____
Seizures	_____	_____	Food	_____	(Please specify)
Diabetes	_____	_____	Penicillin	_____	_____
Heart Murmur	_____	_____	Other Drugs	_____	_____
Behavior Disorder	_____	_____	Other:	_____	_____

Operations or other serious injuries (list conditions and dates):

Chronic/Recurring Illnesses, or Serious Illness in the past 6 mos. (list conditions/date):

Medications student is currently taking (please be specific):

1. _____
2. _____
3. _____
4. _____



IMPORTANT: Please notify the teacher if this student is exposed to any communicable disease, or if the student sustains an injury in the three weeks prior to this trip.

All immunizations must be up to date according to the Michigan Care Improvement Registry (MCIR) and will be checked in advance.

PARENT/GUARDIAN AUTHORIZATION

The health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities.

In the event I cannot be reached in an emergency, I hereby give permission to the selected school employee to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Directions for emergency care relative to your child's health history:

Signature _____ Date _____

Health Insurance Company _____

Policy Number _____

