

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 () _____ () _____ () _____
Home:
Cell/Moni
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:	
Ear Infections _____		Stings _____	Epi Pen Yes _____ No _____
Migraines _____		Huy Fever _____	
Seizures _____		Food _____	(Please specify)
Diabetes _____		Penicillin _____	
Heart Murrur _____		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 _____

