



Health and Safety Information Form – Day Excursions

Name of Student: _____	Age: _____	Gender: _____
Address: _____	Date of Birth: _____	
Family Doctor: _____	Telephone: _____	
Emergency Contact Name: _____	Emergency Contact Number: _____	

The following information will be helpful to the teacher in making your son's/daughter's out-of-school visit more comfortable, safe and pleasant. ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

1. Has your son/daughter any special conditions which must be taken into consideration in his/her participation in the full program? *If not applicable please leave blank.*

Allergy (Epi Pen): _____

Diabetes: _____

Asthma: _____

Epilepsy: _____

Heart: _____

Rash: _____

Recent Illness
or Operation (ie. Concussion): _____

Any Other
Disability/Concern: _____

2. Has he/she any drug allergy or sensitivity? No Yes If yes, give details

3. Has he/she any serum sensitivity? No Yes If yes, give details

4. Give date of last tetanus shot and reason for it: _____

If it is necessary to elaborate on any of the above, please attach an additional page.

Parent/Guardian Signature: _____ Date: _____