Los Angeles Unified School District
Field Trip Personal Health History Form

This form is to be completed by the parent/guardian for students attending a field trip.

A. STUDENT INFORMATION

Student Name:	Date of Birth:	Gender:	Grade:
Teacher:	Field Trip Destination:		

B. PARENT/GUARDIAN/CAREGIVER INFORMATION

Parent/Guardian Name:	Home Phone Number:	Cell Phone Number:
Work Phone Number:	Email Address:	

C. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN/CAREGIVER)

Emergency Contact Name:	Cell Phone Number:	Other Phone Number:
Relationship:	Email Address:	

D. STUDENT EDUCATION INFORMATION

Does the student have a current Individualized Education Program (IEP) at their school?	❑ Yes	❑ No
Does the student have a current Section 504 Plan at their school?	❑ Yes	❑ No

E. ALLERGIES (CHECK ALL THAT APPLY)

❑ Food Allergy (list/describe reaction): _____
_____

❑ Medication (list and describe reaction): _____
_____

❑ Insect Bites/Stings (list and describe reaction): _____
_____

❑ Seasonal (explain):
❑ Other (explain):
❑ Does your child take medication for allergies? ❑ Yes ❑ No
❑ If yes, list the name(s) of the medication taken/prescribed:
_____
_____

❑ None

F. STUDENT HEALTH INFORMATION

Does the student have a current health condition? Check all that apply.

❑ Asthma
❑ Bleeding disorder
❑ Constipation
❑ Diabetes
❑ Emotional/Psychological Condition
❑ Heart defect/disease
❑ Hearing Impairment
❑ Musculoskeletal disorder
❑ Seizures
❑ Wears glasses/contact lenses
❑ Other: _____
❑ Specialized physical health care procedure. If checked, type of procedure: _____
_____
❑ None

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Explain health condition(s) checked above: _____

Does the student have any physical limitations? If yes, please explain: _____

_____

Does the student have any dietary restrictions? If yes, please explain: _____

_____

G. MEDICATION

Does the student need medication during the field trip? If "Yes", see numbers 1, 2 and 3 below.	❑ Yes[1, 2, 3] ❑ No

1. To administer routine over-the-counter medications to be taken during an overnight field trip, parents/guardians must obtain a completed ***Request and Prior Authorization for Over-the-Counter Medication to be Taken During Overnight Field Trips*** form, which includes a parent/guardian signature consent and a written order from the health care provider.
2. To administer medication (prescription and over-the-counter medications not listed on the above referenced form in #1) on the field trip, parents/guardians must obtain a completed R***equest for Medication to be Taken During School Hours*** form, which includes parent/guardian signature consent and a written order from the health care provider.
3. The completed ***Request for Medication to be Taken During School Hours*** and/or ***Request and Prior Authorization for Over-the-Counter Medication to be Taken During Overnight Field Trips*** form(s) must be returned to the school **at least 7 days prior to departure** with parent/guardian and health care provider signatures

In the event of a medical emergency, 911/Emergency Medical Services will be called, and the student will be transferred to the nearest medical facility.

H. ADDITIONAL HEALTH INFORMATION

Please provide any additional health information about the student.

_____

_____

_____

_____

_____

_____

G. PARENT/GUARDIAN/CAREGIVER CONSENT

I verify that the information contained in this document is true and correct to the best of my knowledge.

X _____ _____

Signature Date

COMPLETED FORM TO BE GIVEN TO THE SCHOOL NURSE

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