

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 and may be valid for one school year. For students with identified health conditions, this form may need to be updated more frequently. It is the parent/guardian's responsibility to inform the school nurse of any changes in the student's health condition for future field trips during the current school year.

A. Student Information			
Student Name:	Date of Birth:	Gender:	Grade:
School Name:			
B. Parent/Guardian Information			
Parent/Guardian Name:	Cell Phone Number:	Other Phone Number:	
C. Emergency Contact Information (Other Than Parent/Guardian)			
Emergency Contact Name:	Relationship:	Contact Phone Number:	
D. Student Education Information			
Does the student have a current Section 504 or Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
E. Does the student have severe allergies requiring the use of emergency medications? If yes, check all that apply:			
<input type="checkbox"/> Food Allergy (list and describe)			
<input type="checkbox"/> Medication Allergy (list and describe)			
<input type="checkbox"/> Insect Bites/Stings Allergy (list and describe)			
<input type="checkbox"/> Other (list and describe)			
F. Does the student have a current health condition? If yes, check all that apply:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Emotional/Psychological Condition <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Musculoskeletal Disorder		<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specialized Physical Healthcare Procedure. If selected, document the type of procedure: _____	
Does the student have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Does the student have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
G. Medication			
Does the student take any emergency medication(s) at home or at school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list medications:			
Does the student take any medication(s) at home and/or at school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list medications:			
<ol style="list-style-type: none"> To administer medication on the field trip parents/guardians must obtain a completed Request for Medication to be Taken During School Hours form, which includes parent/guardian signature consent and a written order from the CA licensed healthcare provider. To administer routine over-the-counter medications to be taken for overnight fieldtrips, parents/guardians can complete a 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 CA licensed healthcare provider. <p>*Any medication order forms must be returned to the school nurse at least 7 days prior to departure with parent/guardian and CA licensed healthcare provider signatures. Consult with the school nurse for any questions.</p> <p>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</p>			
H. Parent/Guardian Consent			
I verify that the information contained in this document is true and correct to the best of my knowledge and will notify the school nurse of any changes in the student's health condition.			
Parent/Guardian Signature:			Date:

洛杉磯聯合學區校外考察個人健康狀況申報表

本表格須由家長 / 監護人填寫，適用於學生參與校外考察活動，有效期為一學年。如學生有已知健康狀況，可能需要更頻繁地更新本表格。家長 / 監護人有責任就學生健康狀況的任何變化通知學校護士，以確保本學年後續校外考察活動的安全。

A. 學生資訊			
學生姓名：	出生日期：	性別：	年級：
學校名稱：			
B. 家長 / 監護人信息			
家長 / 監護人姓名：	手機號碼：	其他電話號碼：	
C. 緊急聯繫人信息 (家長 / 監護人除外)			
緊急聯絡人姓名：	關係：	聯繫電話：	
D. 學生教育相關資訊			
學生目前是否有學校核定的 Section 504 支援計畫或個人化教育計畫 (IEP)? <input type="checkbox"/> 是 <input type="checkbox"/> 否			
E. 學生是否有需要使用急救藥物的嚴重過敏症? 如有，請勾選所有適用項目：			
<input type="checkbox"/> 食物過敏 (請列出過敏原並描述反應)			
<input type="checkbox"/> 藥物過敏 (請列出過敏原並描述反應)			
<input type="checkbox"/> 昆蟲叮咬 / 螫傷過敏 (請列出過敏原並描述反應)			
<input type="checkbox"/> 其他 (請列出過敏原並描述反應)			
F. 學生目前是否有任何健康問題? 如有，請勾選所有適用項目：			
<input type="checkbox"/> 哮喘 <input type="checkbox"/> 出血性疾病 <input type="checkbox"/> 糖尿病 <input type="checkbox"/> 情緒 / 心理狀況 <input type="checkbox"/> 心臟缺陷 / 心臟病 <input type="checkbox"/> 肌肉骨骼疾病		<input type="checkbox"/> 癲癇症 <input type="checkbox"/> 其他: _____ <input type="checkbox"/> 特殊醫療程序類。如勾選此項，請註明程序類型: _____	
學生是否有身體活動限制? <input type="checkbox"/> 是 <input type="checkbox"/> 否 若有，請說明:			
學生是否有飲食限制? <input type="checkbox"/> 是 <input type="checkbox"/> 否 若有，請說明:			
G. 藥物			
學生是否在家中或學校服用任何急救藥物? <input type="checkbox"/> 是 <input type="checkbox"/> 否 若有，請列出藥物:			
學生是否在家中和/或學校服用任何藥物? <input type="checkbox"/> 是 <input type="checkbox"/> 否 若有，請列出藥物:			
1. 如需在校外考察期間服用藥物，家長/監護人必須獲取 「在校期間用藥申請表」 ，並如實填寫，其中包括家長/監護人簽署的同意書以及加州執業醫療機構出具的書面醫囑。 2. 如需在 <u>過夜校外考察</u> 期間服用常規非處方藥，家長/監護人必須提交已填妥的 「過夜考察非處方藥物使用申請及授權表」 ，包含家長 / 監護人簽署同意書及加州執業醫療機構出具的書面指示。 *任何藥物醫囑表都必須在 <u>出發前至少7天</u> 提交給校醫，並附有家長/監護人和加州執業醫療機構的簽名。如有任何疑問，請諮詢校醫。 如遇醫療緊急情況，請撥打911/緊急醫療服務電話，並將學生送至最近的醫療機構。			
H. 家長/監護人同意書			
本人確認據我所知，本文件所載資訊真實無誤，並會就學生健康狀況的任何變化通知學校護士。			
家長/監護人簽名：			日期：