# 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 is 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 other field trips during the current school year.*

| **A. Student Information** | | | |
|---|---|---|---|
| Student Name: | Date of Birth: | Gender: | Grade: |
| Teacher Name: | School Name: | | |
| **B. Parent/Guardian Information** | | | |
| Parent/Guardian Name: | Home Phone Number: | Cell Phone Number: | |
| Work Phone Number: | Email Address: | | |
| **C. Emergency Contact Information (Other Than Parent/Guardian)** | | | |
| 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. Does the student have allergies? If yes, check all that apply:** | ❑ Yes | ❑ No |

❑ Food Allergy (list and describe reaction): _____

_____

_____

❑ Medication Allergy (list and describe reaction): _____

_____

_____

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

_____

_____

❑ Seasonal Allergy (Explain): _____

_____

_____

❑ Other (Explain): _____

_____

_____

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

_____

_____



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**F. Does the student have a current health condition? If yes, please check all that apply:** ❑ Yes ❑ No

- ❑ Asthma
- ❑ Bleeding Disorder
- ❑ Constipation
- ❑ Diabetes
- ❑ Emotional/Psychological Condition
- ❑ Heart Defect/Disease
- ❑ Musculoskeletal Disorder
- ❑ Seizure Disorder
- ❑ Wears Glasses/Contact Lenses
- ❑ Other: _____
- ❑ Specialized Physical Healthcare Procedure. If selected, document the type of procedure: _____

Explain health conditions(s) selected above: _____

❖ Does the student have any physical limitations? ❑ Yes ❑ No:
If yes, please explain: _____

❖ Does the student have any dietary restrictions? ❑ Yes ❑ No:
If yes, please explain: _____

**G. Medication**

Does the student need medication during the field trip? If yes, see[#1, 2, 3] below. **Please consult with the school nurse.** ❑ 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 licensed healthcare provider.
2. To administer medication (prescription and over-the-counter medications not listed on the above form) 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 licensed healthcare 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 licensed healthcare 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. _____

**I. 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*