

## 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.

<b>A. Student Information</b>			
Student Name:	Date of Birth:	Gender:	Grade:
School Name:			
<b>B. Parent/Guardian Information</b>			
Parent/Guardian Name:	Cell Phone Number:	Other Phone Number:	
<b>C. Emergency Contact Information (Other Than Parent/Guardian)</b>			
Emergency Contact Name:	Relationship:	Contact Phone Number:	
<b>D. Student Education Information</b>			
Does the student have a current Section 504 or Individualized Education Program (IEP)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>E. Does the student have severe allergies requiring the use of emergency medications? If yes, check all that apply:</b>			
<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)			
<b>F. Does the student have a current health condition? If yes, check all that apply:</b>			
<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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If yes, explain:			
Does the student have any dietary restrictions? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If yes, explain:			
<b>G. Medication</b>			
Does the student take any <b>emergency</b> medication(s) at home or at school? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If yes, list medications:			
Does the student take any medication(s) at home and/or at school? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If yes, list medications:			
<ol style="list-style-type: none"> <li>To administer medication on the field trip parents/guardians must obtain a completed <a href="#">Request for Medication to be Taken During School Hours</a> form, which includes parent/guardian signature consent and a written order from the CA licensed healthcare provider.</li> <li>To administer routine over-the-counter medications to be taken for <b>overnight fieldtrips</b>, parents/guardians can complete a <a href="#">Request and Prior Authorization for Over-the-Counter Medication to be Taken During Overnight Field Trips</a> form, which includes a parent/guardian signature consent and a written order from the CA licensed healthcare provider.</li> </ol> <p>*Any medication order forms must be returned to the school nurse <b>at least 7 days prior to departure</b> with parent/guardian and CA licensed healthcare provider signatures. Consult with the school nurse for any questions.</p> <p><b>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</b></p>			
<b>H. Parent/Guardian Consent</b>			
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: