

CAPITAL HIGH SCHOOL
EMERGENCY HEALTH INFORMATION

Student's Name: _____ Birthdate: _____ Grade: _____

Parent's Name: _____ Phone: _____

Home Address: _____

Mother's work phone: _____ Father's work phone: _____

Alternative person/s to notify or release student to in case of an emergency such as an illness, injury, or natural disaster:

Name: _____ Phone: _____ Work phone: _____

Name: _____ Phone: _____ Work phone: _____

My child _____ has my permission to travel and participate in a field trip to _____

(Name)

(Location)

on _____ The trip is planned to depart at _____ and return at approximately _____

(Date)

Specific health concerns of student:

Is student taking any medication? _____ If yes, please list:

Does student have any current health problems? _____ If yes, please explain.

Is student limited in any physical activity? Please explain.

Does student have any allergies (food or otherwise)? Please explain.

Any other concerns you would like to bring to our attention?

If the parents and authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the student (properly accompanied) for treatment to the hospital or doctor most easily accessible? Yes _____ No _____

Do you agree to be financially responsible for all expenses incurred for treatment under the circumstances described above:

Yes _____ No _____

Name of Insurance Company: _____ Policy # _____

If the answers to any of the above questions are NO, please explain what action you desire school authorities to take. __

I understand and give permission for my student to take part in field trips and educational excursions, either in a bus, boat, plane, by private care on bicycle, or on foot. I further understand that my student will be chaperoned by a responsible adult at all times while away from school and that the adult will take all necessary precautions to protect my student from harm and injury.

In the event my student is injured or becomes ill while away from school on any of the aforementioned trips, I understand that the chaperone will immediately seek medical attention for my student and contact me as soon as possible. With this understanding, I agree to hold the Olympia School District #111, its teachers, staff, and administrators harmless for damages, injuries, and/or costs resulting from accidental injury to the above named student.

I expressly recognize that my child is responsible for his/her behavior and that all school rules of conduct apply while participating.

Parent/Guardian Signature

Date