School District 8
Kootenay Lake

FIELD TRIP MEDICAL FORM FOR LEVEL ONE/TWO/THREE, OUTDOOR, OUT-OF-PROVINCE AND INTERNATIONAL TRIPS

Name of student:_____ Grade: _____

BC Services Card No:_____ Date of birth: _____

Family Doctor:_____Phone:_____

Please note any health problems, physical limitations, emotional difficulties, behavioural difficulties, or other factors that may limit full participation in this program. Use back of sheet if necessary.

Has the student had a previous injury that would require special first aid treatment should another injury occur? Explain.

The student has received the regular immunization program administered in British Columbia for diphtheria, pertussis and tetanus (DPT); tetanus and diphtheria (Td); polio; measles, mumps and rubella (MMR).

☐ YES ☐ NO

Does the student wear contact lenses:

☐ YES ☐ NO

Child is subject to:

☐ asthma	☐ seizures	☐ bed wetting	☐ pulled muscles
☐ earache	☐ nightmares	☐ kidney problems	☐ sleep walking
☐ fainting	☐ bronchitis	☐ dizziness	☐ severe allergies (describe below)
☐ tonsillitis	☐ high blood pressure	☐ frequent colds	☐ other (describe below
☐ eye infection	☐ nosebleeds	☐ dislocations	
☐ sensitive skin	☐ headache	☐ motion sickness	
☐ sinus problems		☐ sprains	

Severe allergies/other:

Medications will only be administered in accordance with AP 200.2 Administration of Medication.

In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child.

_____ _____

Parent/Legal Guardian Signature Date