AP 2300 APPENDIX D: STUDENT 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 the back of the 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
- ❑ Bed wetting
- ❑ Bronchitis
- ❑ Dislocations
- ❑ Dizziness
- ❑ Earache
- ❑ Eye infection
- ❑ Fainting
- ❑ Frequent colds
- ❑ Headaches
- ❑ High Blood Pressure
- ❑ Kidney problems
- ❑ Nightmares
- ❑ Nosebleeds
- ❑ Motion sickness
- ❑ Pulled muscles
- ❑ Seizures
- ❑ Sensitive skin
- ❑ Sinus problems
- ❑ Sleepwalking
- ❑ Sprains
- ❑ Tonsillitis

Severe allergies/other, please describe:

Medications will only be administered in accordance with AP 3204: Student 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

Related: AP 2300: Student Field Trips
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