



Harbour Pointe Music Boosters

EXTENDED TRIP HEALTH QUESTIONNAIRE

To provide care while on the extended trip it is necessary to understand the health needs of each individual student. Please complete all of the following information and return form to Mr. Moody/Ms. Small by: April 15, 2011

Trip Date: May 13 – 15, 2011 Location: Mukilteo, WA to Silverwood - Idaho, round trip

This information will be kept in confidence, but may be shared, if needed, for the health and safety of your child.

Student Name: _____ DOB: _____ Grade: _____

Address: _____ Home Phone: _____

CIRCLE: BAND CHOIR ORCHESTRA

EMERGENCY CONTACTS DURING TRIP

Mother's Name: _____ Day Phone: _____ Eve Phone: _____

Location during trip (CIRCLE) Home Silverwood area Other _____

Father's Name: _____ Day Phone: _____ Eve Phone: _____

Location during trip (CIRCLE) Home Silverwood area Other _____

Other Name: _____ Relationship: _____ Phone: _____

Location during trip (CIRCLE) Home Silverwood area Other _____

Physician: _____ City: _____ Phone: _____

Insurance Name: _____ Group # _____

Yes No

Medication Required on Trip? - If "Yes," provide medication, completed and signed medical authorization to medical chaperone per instructions. This includes prescription and non prescription medication.

I will be with my child on the trip and will be responsible for carrying and dispensing my child's medication(s).

Any Physical or Health Conditions? – (recent surgery, illness, bedwetting, sleepwalking, seizures, diabetes, Asthma, etc.)

Special Diet? Food Restrictions?

Any Allergies?

Tetanus Vaccine – date of last tetanus vaccine

Other Comments?

Parent/Guardian Signature

Date