



Mukilteo School District

EXTENDED FIELD TRIP HEALTH QUESTIONNAIRE

To provide care while on the field trip it is necessary to understand the health needs of each individual student. Please complete the following information and return to school by: _____

DATE

Trip Date: From _____ To _____

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

STUDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____ HOME PHONE #: _____

EMERGENCY CONTACTS		
Mother's Name: _____	Day Phone: _____	Eve Phone: _____
Father's Name: _____	Day Phone: _____	Eve Phone: _____
Other Name: _____	Relationship: _____	Phone: _____
Physician: _____	City: _____	Phone: _____
Insurance Name: _____	Group # _____	

- Yes No Medication Required on Trip? - If "Yes" provide medication, instructions and signed Field Trip Medication Authorization form to trip advisor.
- Yes No Special Diet? _____
- Yes No Any Food Restrictions? _____
- Yes No Any Physical or Health Conditions? - (recent surgery, illness, bedwetting, sleepwalking, seizures, diabetes, asthma, etc.) _____
- Yes No Any Allergies? _____
- Yes No Tetanus Vaccine? _____
- Other Comments? _____

Teacher Name

Parent/Guardian Signature

Date